ADDRESSING VETERAN HOMELESSNESS: CURRENT POSITION; FUTURE COURSE

JOINT HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTH

JOINT WITH

SUBCOMMITTEE ON ECONOMIC OPPORTUNITY

OF THE

COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED FIFTEENTH CONGRESS

SECOND SESSION

THURSDAY, JANUARY 18, 2018

Serial No. 115–45

Printed for the use of the Committee on Veterans' Affairs

Available via the World Wide Web: http://www.govinfo.gov

U.S. GOVERNMENT PUBLISHING OFFICE
35–373 WASHINGTON : 2019

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ADDRESSING VETERAN HOMELESSNESS: CURRENT POSITION; FUTURE COURSE

Thursday, July 18, 2018

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON OVERSIGHT
AND INVESTIGATIONS,
Washington, D.C.

The Subcommittee met, pursuant to notice, at 10:00 a.m., in Room 334, Cannon House Office Building, Hon. Jodey Arrington [Chairman of the Committee] presiding.

Present: Representatives Arrington, Wenstrup, Bilirakis, Radewagen, Higgins, Banks, Coffman, Roe, Brownley, O'Rourke, Takano, Kuster, and Correa.

Also present: Representative Peters.

OPENING STATEMENT OF JODEY ARRINGTON, CHAIRMAN, SUBCOMMITTEE ON ECONOMIC OPPORTUNITY

Mr. ARRINGTON. The Subcommittee will come to order. Good morning, everyone. Thank you for being here. It is my pleasure to welcome you to today's Subcommittee, joint Subcommittee on Health and Subcommittee on Economic Opportunity Oversight hearing on veteran homelessness.

I want to apologize first for being a little late. I had another obligation in my responsibility on the Budget Committee and my colleague, Brad Wenstrup, chair of the Health Subcommittee, will not be able to make it and so I am going to preside. We have the VHA Subcommittee chair Julia Brownley and her capable leadership. Thanks for being here. And then my friend from Texas and Ranking Member on the Subcommittee for Economic Opportunity, Beto O'Rourke is joining me, as well.

We have our Chairman who is joining us, so thank you, Dr. Roe for coming. I want begin also by asking for unanimous consent for Congressman Mike Coffman, Congressman Scott Peters, and I guess that is it, so sit in on the dais and participate in today's hearing. I don't hear any objection and so ordered.

I am going to cut through my remarks here and break from my customary reading of script and just say that this is a subject that is heartbreaking and when you look at the statistics on veteran homelessness and the underlying issues that our veterans struggle with, many and maybe mostly on account of the burden that they bore for us and for our country and for our freedom, it just—it is just gut- wrenching and we—there is not an issue, I don't believe

that is, you know, more important than to find ways to help and serve this segment of the veteran population.

As I read and studied up and prepaid on background, I noticed that there has been an exponential increase in funding in this area and there is some 20-plus programs across the various agencies. With respect to the VA, most of this is at the VHA, but that is a lot of programs and that is a tremendous increase in funding.

Here is my deal. Is it working? What is working? What is not working? How do we measure the success of these programs? Because it is only because of the generosity of the taxpayer that we have this opportunity. And so I have a number of questions. I think it is encouraging to see a significant decline in homelessness over the course of the last several years on account of, I think, the commitment from a secretary and administration in the past and as somebody once told me, if you throw enough money at something, you are going to see the needle move. But are we spending it wisely, effectively? And then how do we focus these resources where they can have the greatest return, A, to help the veteran, B, to assure our taxpayers that their money is going—is being productively spent.

With that, I think we just—let's just get this hearing started. And, again, I apologize because I was not going to open this up, but let's go ahead and introduce our panelists. Okay. I am going to defer to you, Madam, Ranking Member Brownley, and ask that you provide any opening comments.

OPENING STATEMENT OF JULIA BROWNLEY, RANKING MEMBER, SUBCOMMITTEE ON HEALTH

Ms. BROWNLEY. Thank you, Mr. Chairman, and I just would like to say that I concur with everything that you have said in your remarks and I would add that in 2009, former Secretary Shinseki pledged a commitment to ending homelessness among veterans. In 2014, former Secretary McDonald also committed to this pledge to end homelessness among veterans. Between 2009 and 2016, veteran homelessness was reduced by 47 percent. In 2017, Secretary Shulkin shared his top five priorities for the VA and as many may be aware, ending veterans homelessness was not included in that list of priorities.

I fear, based on the actions of this administration thus far, that in the coming years, we will continue to lose ground in our fight against veteran homelessness. In 2017, HUD's annual survey found that veteran homelessness increased by 1.5 percent; however, when you drill down into these numbers and look at specific communities, the picture is much more alarming. Los Angeles County, which I represent a part of, saw a 57 percent increase in the number of homeless veterans just in the past year.

I would like to enter into the record, a letter from the LA County Board of Supervisors, the mayor, United Way, and the Los Angeles Homeless Service Authority that outlines the challenges ahead to end veteran homelessness.

Mr. ARRINGTON. Yes.

Ms. BROWNLEY. Thank you very much. These local partners are committed to working together with the VA and other Federal agencies to ensure all veterans have access to safe and affordable

housing. There is no doubt, combatting veteran homelessness must be an inter-agency effort.

In 2014, when we last held a hearing on this issue and is why I wanted to hold this hearing because it has been several years since we have gotten an update, John Downing, CEO of Soldier On, said based on his experience that 100 percent of homeless female veterans encountered and have survived military sexual trauma. Without the VA, HUD would not know how to treat the underlying trauma and injuries that MST can lead to. Without HUD, the VA would not have the housing assistance and expertise necessary to ensuring that veterans receive permanent housing as part of their treatment. And finally, without the Department of Labor, that veteran would be hard-pressed to overcome the barriers faced by many, if not all, transitioning veterans seeking employment in the civilian market.

This is the same for many veterans, whether they are survivors of sexual assault, struggling with addiction, or managing mental health conditions. These veterans are complex. Their issues are complex. The solution is complex. But by working together, we can build on the gains we made over the last seven years which saw three states and 57 communities eliminate veteran homelessness altogether. The progress made during those seven years was quite frankly incredible and it was in large part, due to the hard work of the case managers, social workers, health care personnel, counselors, volunteers, and veterans themselves.

I commend the hard work of our "boots on the ground" organizations and the commitment of agency officials during this full time, some of whom are testifying today. And I question why this administration would backtrack on that solution and risk the lives of homeless veterans nationwide.

I hope the President's budget this year reflects a newfound commitment to ending veteran homelessness through an allocation of funding that supports both, the housing and wraparound services necessary to heal and house these veterans.

Mr. Chairman, I thank you, and I thank you for your commitment to this issue and I look forward to our discussion ahead.

Mr. ARRINGTON. Thank you, Ranking Member Brownley, I now yield five minutes for opening remarks for Ranking Member O'Rourke from the great state of Texas.

OPENING STATEMENT OF BETO O'ROURKE, RANKING MEMBER, SUBCOMMITTEE ON ECONOMIC OPPORTUNITY

Mr. O'ROURKE. That is right. Mr. Chairman, Ranking Member Brownley, I want to thank you and the staffs that work with you and the staffs that work on the Economic Opportunity Subcommittee for the work that has gone into preparing for this hearing. This is why I love serving on this Committee, the fact that Chairman Roe is here, the fact that Members who are not even on the Committees of jurisdiction have asked to have the privilege of sitting here and being helpful as we try to address this issue of veteran homelessness, which is not provocative. It is not sensational. It doesn't grab headlines. It is not one of those things that people are on late night TV screaming at each other about, but it could not be more important. And the fact that we are able to cross party

lines, working together, and do what is important, much the way that we have addressed access to mental health and meeting the crisis of veteran suicide head-on, making progress in that very important, underserved area. I feel that we will be able to do the same thing here.

And the only thing, Mr. Chairman, that I could add to your comments, you say that it is because of the generosity of the taxpayer that we have the opportunity to do this work, it is also thanks to the service of those veterans whose service we are honoring by our commitment to make sure that none of them are homeless. That we get that down to zero in every single one of our communities, whether that is functional zero or real zero, and that may be part of the conversation today.

We need to make sure it is both, the resources, and to your point, the oversight, the accountability, the follow-through, to make sure that these programs are working. And I am just so pleased that we have such an important panel before us; those who understand and work on that issue directly, who are going to be able to inform the policy that we make here and improve our level of oversight and the accountability from the VA and the Federal government.

And lastly, I just want to thank Mr. John Martin, from The Opportunity Center in El Paso, as someone who makes this flight every single week. I know how hard it is to get from El Paso to Washington, D.C. and I know that you almost didn't make it due to some problems with some of those connections. And so the fact that you take some time out of what you are doing, the important work in serving veterans in El Paso to be here and help us, just know that we are grateful and I extend that gratitude to everyone on this panel.

I yield back, Mr. Chairman.

Mr. ARRINGTON. Thank you, Mr. O'Rourke.

And now we will get to our first panel. I would like to welcome you guys again this morning. Thank you for making time for this very important issue and we are honored to have you here. Let's start with John F. Clancy, the President and Chief Executive Officer of the Tristate Veterans Community Alliance, which is located in Cincinnati, Ohio. Mr. Clancy, thanks for being here today and representing the Ohioans you serve.

Angela F. Williams is next. She is President and Chief Executive Officer of Easterseals, Inc.

Stephen Peck, the President and Chief Executive Officer of U.S. VETS.

John W. Martin, the Development Director for The Opportunity Center.

And finally, Kathryn Monet, the Chief Executive Officer of the National Coalition for Homeless Veterans.

Thank you, guys, again, for being here. Mr. Clancy, we will start with you. We now recognize you for five minutes.

STATEMENT OF JOHN F. CLANCY

Mr. CLANCY. Good morning, ladies and gentlemen. My name is John Clancy. I am an Air Force veteran. I serve as the president and CEO of the Tristate Veteran Community Alliance, or TVCA, in Cincinnati, Ohio.

Thank you for inviting me to testify today at this important hearing regarding support for our veterans in need. As an independent veteran-led, nonprofit organization focused on improving the access to and the quality of services offered to veterans and their families, we appreciate the opportunity to share our perspective and provide recommendations to address the needs of veterans in distress.

The TVCA was created four years ago to serve as a backbone organization responsible for aligning veteran support in our region. We partner with over 150 local organizations and operate a veteran in-processing center that has meaningfully serviced and met the needs of more than 11,050 veterans since opening 28 months ago.

In addition, we have piloted programs that fill gaps in our community not currently filled by our partner organizations, such as an accelerated career training and placement program for mid-level non-commissioned officers and an educational storytelling event for veterans to share their journey with local citizens.

With ensure success within our workgroup and piloted programs, we leverage our United Way 2–1-1 Call Center and facilitate data-sharing efforts both, inside and outside our region.

Our efforts are characterized by the following aspects: We are proactive, seeking to engage veterans and their families before a crisis happens; we seek collaboration whenever possible; we work across sectors; we have many businesses involved in our efforts, but also include social services, veteran organizations, and all major educational institutions; and, finally, we look for systemic solutions, in addition to program improvement. That said, it is important for the community to assess how the resources provided by the VA, HUD, and DOL impact the lives of all veterans, but more urgently, our distressed and/or homeless veteran population.

Based on our community needs assessments, the TVCA recommends that resources be considered for downstream programming related to behavioral health, wellness, and social support, addressing what are often the root causes of homeless and upstream support for collaborative transitional systems like the TVCA that can intercept veterans and resolve issues before they become a crisis.

Over the last decade, the efforts of all three Federal agencies have been commendable and successful. The VA designed a research-informed strategy called "Housing First" to address the problem, especially for those veterans who had experienced chronic homeless. This strategy involved a cosponsored initiative with HUD to invest resources in stable, permanent housing for chronically homeless veterans and case management services to prevent them from experiencing further homeless episodes.

Other programs, including the DOL's Homeless Veteran Reintegration Program, have also served to facilitate the successful transition of veterans from homeless.

With the current strategy at its 10-year mark, the VA and HUD Housing First programs have successfully reduced veteran homelessness by nearly 50 percent; however, based on client trends seen in our region, we believe the client needs, and demographic profile are beginning to show signs of moving from traditionally homeless individuals to those who are transitioning or at risk.

To serve the new customer base, we should begin to adapt the current system to not only focus on homeless veterans, but also successful life transitions for at-risk veterans. To accomplish this shift in mindset, a broader set of outcomes need to be developed. That involves not just housing attainment, but boosting veteran self-efficacy, development of clear, personal goals, and developing or enhancing the motivation to succeed in a civilian world.

For veterans in distress, there are several strategies that correspond to how soon or at what level we engage. At the individual level, for those in acute distress, we need to ensure the right clinical levels of care are accessible and available. At a systemic level, we need to ensure existing organizations are communicating and strategizing across sectors, including the continuums of care, mental—medical centers and other veteran-wellness and support groups.

Finally, and ultimately, we need to ensure that the transition system from military to civilian life is coordinated, veteran-centered, and resourced. This includes a greater level of information-sharing, new and improved programming focused on proactive, strength-building approaching.

We believe that upstream regional collaborators like the TVCA in Cincinnati, and Combined Arms in Houston, for example, are a key part of the solution. This collaborative approach allows a community to mainstream best practices, decrease competition, and allow for the scaling-up of efforts to support transitioning veterans. A coordinated, community-based approach that brings together diverse sets of resources and identifies new opportunities across public and private sectors is needed.

We applaud your review of the mix of programs available for programs, assessing the correct mix for current needs and opportunities. In closing, we would like to stress again, the importance of a relevant, trusted community organization that can initiate and sustain the conversation for aligning strategy on transition support, employment, and wellness. Thank you.

[THE PREPARED STATEMENT OF JOHN F. CLANCY APPEARS IN THE APPENDIX]

Mr. ARRINGTON. Thank you, Mr. Clancy.

We now yield five minutes to Ms. Williams.

STATEMENT OF ANGELA F. WILLIAMS

Ms. WILLIAMS. Chairman Arrington, Ranking Members Brownley and O'Rourke, and Members of the Subcommittees, good morning. I am Angela Williams, president and CEO of Easterseals, a national network of nonprofit organizations committed to helping veterans and others reach their full potential through local servicing and supports. I am also a proud veteran. Thank you for inviting me to testify this morning on this hearing to assess the various programs designed to reduce veteran homelessness.

Easterseals has been actively servicing veterans for more than seven decades. My testimony will highlight Easterseals' experience in responding to the needs of homeless and at-risk veterans through employment and other supports needed for their successful community reintegration.

In 2010, about the time Easterseals started a new phase in its effort to help homeless veterans, our country's veteran homelessness population grew to over 74,000. Today that number has dropped nearly 46 percent, due to strong collaboration between Federal, state, and local partners and the complimentary alignment of programs across various Federal agencies.

In my written testimony, I share the story of Paula, a veteran who moved to New York City to find work and turn her life around. Her job search was complicated by employment barriers that proved too difficult to overcome. Defeated and homeless, she turned to a women's shelter, where, thankfully, she was referred to Easterseals for employment assistance. We leveraged our community partners to help Paula with housing, resume development, interview preparation, obtaining the appropriate wardrobe, and subway cards to get to job interviews.

Today Paula is living independently, working full time, and contributing to her community, thanks to the NVHS National Veteran Homeless Strategy, developed by Congress and implemented by Federal agencies. Paula's story highlights the effective collaboration and alignment of the Department of Veterans Affairs' Supportive Services for Veterans Families Program, or SSVF; the Department of Housing and Urban Development and VA's SHP Supportive Housing Program, HUD–VASH; and the Department of Labor's Homeless Veterans' Reintegration Program, or HVRP.

It takes the strengths, resources, and collaboration of many to help veterans succeed. Easterseals' distinction in this national effort is to help homeless veterans find jobs. Our expertise, serving most in-need job-seekers made us a natural partner with the Department of Labor on its HVRP program, which is employment-focused and a perfect complement to the housing focus of HUD–VASH and the VA's Supportive Services for Veterans Families program.

The Homeless Veterans' Reintegration Program taps into the existing community network by providing grants to local organizations. Easterseals operates 11 HVRP grants nationwide. We provided HVRP employment services to nearly 1,200 homeless veterans last program year and are proud to share that 61 percent found jobs during that year with wages averaging from $10 to nearly $21 per hour. Once unemployed and homeless, these veterans are now working, paying taxes, and contributing to their communities. Their success represents a strong return on the HVRP Federal investment, which averages about $2,500 per veteran.

Easterseals is honored to be part of the solution in reducing veteran homelessness, but our work is not finished. I include recommendations in my written testimony to build on a strong foundation Congress has set for addressing veteran homelessness. Let me boil them down to two main points. One, Congress should support full-funding and a long-term extension for the Homeless Veterans' Reintegration Program. Easterseals supports the bipartisan effort to extend and expand HVRP. Additional funding is necessary to meet the growing needs of the chronically homeless and hardest to serve veterans who will require more supports and time to find employment and housing success.

Two, Congress should expand early access to community- based support services. The first step is to approve Chairman Wenstrup and Ranking Member Brownley's bill, H.R. 4451, that expands veteran eligibility to HVRP services. Congress should also consider ways to expand federally funded community case management to proactively meet the challenges of veterans well before they meet the homeless and unemployed eligibility criteria of programs like HVRP and SSVF.

Thank you for your time today. I am pleased to answer any questions.

[THE PREPARED STATEMENT OF ANGELA F. WILLIAMS APPEARS IN THE APPENDIX]

Mr. ARRINGTON. Thank you, Ms. Williams.

Mr. Peck, five minutes.

STATMENT OF STEPHEN PECK

Mr. PECK. Good morning. My name is Stephen Peck. I am the president and CEO of U.S. VETS. I am also a Vietnam veteran. I served with the 1st Marine Division near Denang in 1969 and 1970, and I have been working for homeless veterans since 1991.

U.S. VETS is the largest veteran-specific nonprofit housing and service provider in the country, providing housing and services to 3,300 veterans every night and providing homelessness prevention, employment, and mental health services to an additional 5,000 veterans in the communities that we serve.

I am also the president of the California Association of Veteran Service Agencies, comprised of seven veteran nonprofits that collectively provide housing and care to more than 25,000 veterans each year.

Despite hundreds of millions of dollars spent, numerous government policies and the best efforts of hundreds of communities, there are still more than 40,000 veterans living on our streets and that number is rising across the Nation. In California, the number of homeless veterans rose nearly 20 percent in 2017 and in Los Angeles, that number rose 57 percent. This is no time to be taking our eye off the ball.

Despite this upward trend, it seems to us that there is no longer an emphasis and determination to get every veteran off the streets. This shift and focus is evidenced in two ways. First, the proposal by the VA to take permanent housing supportive service dollars out of the special projects category where it is protected and placing these dollars into the general fund where medical directors can redirect it at-will. While they have said they will not shift these dollars, the vast funds remain in the general fund line item.

And, second, VA's overall management of the HUD–VASH program. It is plagued by lack of accountability, insufficient data collection, and inadequate outcome measures.

Together, these factors can inhibit our abilities to get veterans off the streets and into permanent housing and provide the case management and supportive services that will keep them there. The Housing First model that the VA professes to follow requires a client-case manager ratio of 25:1. Additionally, it requires access to

assistance with a simple phone call 24 hours a day. That is not what is happening.

We have project-based VASH-voucher beds at five of our sites and VA social workers are consistently to provide the required coverage. For 75 VASH vouchers, the VA is required to provide three full-time case managers. We never have three. We rarely have two. And our clinical staff picks up the slack. If a nonprofit, such as U.S. VETS provided that level of coverage while contracted with the VA, we would lose the contract.

I have attached three letters to my written testimony from three different communities that have been awarded the HUD vouchers, two in California and one in Florida. In each case, the VA has indicated that it does not have the resources to provide adequate case management coverage for the number of HUD vouchers awarded. The result is that the vouchers go unused while veterans languish on the streets.

If I understand correctly, the funding that Congress has appropriated to the VA specifically for VASH case management positions is for some reason, not available. Veterans still living on our streets need every dollar of this funding. If the VASH program were turned into a grant program, experienced veteran nonprofits would assume full responsibility, would spend every dollar appropriately and could be held to outcome measures that we are already meeting and exceeding.

Because our programs are residential, we have staff 24/7 and are used to responding to client issues day and night. U.S. VETS provides case management for 423 beds of permanent supportive housing with a 92 percent retention rate.

By contrast, a recent Inspector General study reports a 70 percent success rate in the HUD–VASH program. The study also states that the reason the vast majority of those veterans exited the program was unknown "as HUD's systems do not have the capacity to track this information."

This is just careless. Homeless veterans' rate of attempted suicide is 20 times higher than the rate of suicide attempts among all veterans. They are plainly at risk and desperate for our help and we need better data on how Federal funding is serving or failing them.

We have all been at this for a long time and you have put a lot of money into this, so you might ask: What is your return on investment? My 25 years of experience tells me if you pull back now, the number of homeless veterans on the street will continue to grow and they will use the only services available to them; expensive mental health and medical services. They will spend time in jail and homeless shelters and they will continue to die, having been abandoned by the country they fought for.

Combatting homelessness is not a one-time fix. It is an ongoing effort to mitigate the inequality that exists in our system for veterans who, through lack of opportunity, lack of education, mental illness, combat trauma, or other deficits, end up on the margins of society. We are paying for this strategy one way or another; we simply have to make the decision that these veterans' lives are worth saving. Thank you.

[THE PREPARED STATEMENT OF STEPHEN PECK APPEARS IN THE APPENDIX]

Mr. ARRINGTON. Thank you, Mr. Peck.

Mr. Martin, you are now recognized for five minutes.

STATEMENT OF JOHN W. MARTIN

Mr. MARTIN. Good morning. My name is John Martin. I am the development director for The Opportunity Center for the homeless in El Paso, Texas. And I think that statement, in and of itself, is important because my comments are going to be reflective of a community that is struggling as it relates to ending homelessness; whether it be veterans, chronically homeless, or the families and youth.

The other aspect of this, as I mentioned to a couple of folks as we have started this is I felt a little bit like a fish out of water from the standpoint that I tend to live more in the HUD world than I do the VA, but it is also very important that we need to understand how the two need to overlap with one another as we work through this.

The Opportunity Center for the homeless has existed now for over 24 years in El Paso. I have had the pleasure of working with them for four. As a development director, I do a lot of strategy and a lot of thinking. Many might consider my position to be that of a professional beggar, as a general description.

The truth of the matter is, we care for a majority of the homeless in El Paso and that includes the chronic homeless. Of our population that we serve, roughly 15 percent are veterans and these are individuals that do not qualify, based on eligibility requirements associated with the VA. So we are looking at the other end of the spectrum.

As a direct result, we have to rely on HUD funding for that purpose and there has already been a reference during this testimony to the Housing First initiative, an initiative that has severely hampered our efforts in El Paso. Housing First is an incredible program, so I don't want anybody to take those comments the wrong way, but in respect, all of our funding in the community is now directing toward increasing our housing inventory and not that of support services, and the two must go hand-in-hand.

As an example, over the last five years, we have lost $1.2 million per year, as a community—not as an organization—as it relates to support services. Now, that includes employment, legal, transportation, medical care, mental health, street outreach. And in turn, as a community, we have lost a little over a half a million dollars with regard to overall funding.

And so what we are facing is a struggle at this point is to provide the appropriate level of services that are needed, not only for placement within housing, under the Housing First initiative, which is an incredible tool, but also with regard to sustainability and how to prevent recidivism.

In my written testimony, I gave you some numbers, numbers that are reflective of us as an organization, an organization that has 14 different programs in 10 different houses. Those 10 houses, 7 of which are permanent housing, 1 of which is transitional, which is our Veterans Transitional Living Center, which is the GPD pro-

gram that we operate within the community. The remaining are what you would refer to as "emergency shelters" and that is where that 15 percent lie.

And these are individuals that are defined as chronically homeless both, based on disability, as well as length of homelessness. And so, in turn, when you look at goals such as 25:1 on a case management that was stated earlier, which is the ideal situation, we are working in situations where it is 200, to 250:1 and that is because of the absence of what we need for the support service dollars.

Because, we as a community, in general statement, we are a very poor community. A little over 50 percent of our population falls under 200 percent of the Federal poverty level. So, you would say that we have a low tax base. And so we have no local investment, with regard to the city or to the county. And so, for us, the burden is placed on the service provider and we are being asked to do more with less.

And I think my conclusion here, if I so make that statement, is that in some respects, as it relates to funding, you have to take a look at the unique characteristics of each of the communities because in many cases, those parameters, that metrics that are imposed on us as an agency that receives funds are restricted in a manner that works in other communities, but not necessarily El Paso.

We need to have that flexibility to be able to design a system utilizing those same metrics that meets the need within the community and the unique characteristics of those that we serve. With that stated, I welcome any question when that time comes and I look forward to having further discussion. Thank you.

[THE PREPARED STATEMENT OF JOHN W. MARTIN APPEARS IN THE APPENDIX]

Mr. ARRINGTON. Thank you, Mr. Martin.

Ms. Monet, you are now recognized for five minutes.

STATEMENT OF KATHRYN MONET

Ms. MONET. Chairmen Roe, Wenstrup, and Arrington, Ranking Members Brownley and O'Rourke, and distinguished Members of the House Committee on Veterans Affairs, I am Kathryn Monet, the CEO of the National Coalition for Homeless Veterans. On behalf of our board of directors and members across the country, we thank you for the opportunity to share our views with you this morning.

NCHV is a research and technical assistance center for a national network of community-based service providers and local, state, and Federal agencies that provide a range of housing and supportive services to hundreds of thousands of homelessness, at-risk, and formerly homeless veterans across the country. We are committed to working with our partners to end veteran homelessness.

The good news is that 60 communities, including three states, have achieved the Federal benchmarks and criteria for ending veteran homelessness and this demonstrates for the first time ever that ending veteran homelessness is actually an achievable goal.

This progress is largely a testament to the dedication and hard work of local service providers, community partners, and VA Medical Center staff. In the abstract, this is progress towards this major goal, right? But in real terms, it is life-changing for the veterans who have been able to access housing and assistance as a result.

Now, the bad news here, as you have heard over and over again this morning, is that our hold on this progress is tenuous, at best, as evidenced by the slight increase by the number of veterans between 2016 and 2017. While 36 states and DC all saw decreases in veteran homelessness, other communities with particularly high cost-rental markets saw dramatic increases. From NCHV's perspective, an increase of even one veteran is one too many.

So, this is a stark reminder to all of us that now is not the time to take our foot off the gas pedal or shift resources from homeless programs to other priorities within VA. We really need to focus on doubling-down on these efforts to ensure that homelessness is rare, brief, and non- recurring for veterans and for all Americans.

For communities and providers, doubling-down really means looking at your community-level data and knowing your homeless neighbors and their needs, right? So that you can really implement evidenced-based strategies like Housing First community-wide and homeless veterans can then access permanent housing quickly and all of the resources like employment and supportive services that they might need for housing stability.

We also need to recognize, though, that Housing First never means housing only. So, successful implementation of Housing First really includes access to health and mental health care and those wraparound services like benefits assistance, employment and training services, and all the other things that a veteran needs to make sure that their housing placement is sustainable.

Now, here in DC, doubling-down also means that Congress needs to ensure that key programs that serve veterans experiencing homelessness are sufficiently funded. At NCHV, we never advocate for the growth of resources for the sake of expanding programs, but the slight uptake in the count, in conjunction with rising rents across much of the country and the series of natural disasters that occurred in 2017, demands nothing short of your continued leadership and attention with regard to both funding and oversight of these programs.

Homelessness is a multifaceted and complex problem that differs for every single veteran experiencing it. One of the best ways that we can address it is for Congress to support a permanent authorization for the United States Interagency Council on Homelessness, or USICH. The small team of experts at USICH convenes Federal agencies in order to set shared policy priorities and objectives that really can actualize the Federal plan to end homelessness.

Furthermore, from this unique cross-cutting position, USICH is able to identify and prevent duplication of services that would otherwise waste efforts and resources. We can also encourage further collaboration between VA, HUD, DOL, and all of their grantees to provide more seamless services to homeless veterans.

One of the best examples of interagency collaboration is the HUD–VASH program, as it allows VA to focus its resources more

efficiently by pairing VA-funded case management with a HUD-funded Section 8 voucher for some of the most vulnerable veterans we see. The case management funding has historically been distributed to medical centers through a special purpose designation, as the case managers truly must be located where the vouchers are distributed to ensure adequate support for the veterans who are using these vouchers.

As you know, last September, VA sent guidance to VISN directors regarding the immediate conversion of this funding from special purpose to general purpose funds. Well, VA has backed away from this decision for the time being. This could have dramatically reduced case management for vulnerable veterans using these vouchers. And let me be really clear here: NCHV objects, in the strongest of terms, to this proposed conversion or any action that would reduce case manager availability to veterans using HUD–VASH vouchers.

In the 60 communities which have effectively ended veteran homelessness, these vouchers are well known as critical resources that make housing affordable, incentivize affordable housing development, and allow communities to end homelessness. Any reductions would lead to veterans not receiving the care which they rely on to maintain housing and these case managers, like Mr. Peck said, are already stretched thin, sometimes caring for far more veterans than clinically indicated. To approve this proposal would be catastrophic to the health, well-being, and housing stability of all the veterans using these vouchers; as such, we insist that they must be used for their intended purpose.

Thank you for the opportunity to present this testimony. It is a privilege to work with all of you and your staff to ensure that every veteran facing a housing crisis has access to safe, decent, and affordable housing, paired with supportive services. Thank you.

[THE PREPARED STATEMENT OF KATHRYN MONET APPEARS IN THE APPENDIX]

Mr. ARRINGTON. Thank you, Ms. Monet, and, again, thank you all of the panelists for your remarks. I want to now yield to our Chairman, Dr. Phil Roe, five minutes for comments and questions.

Mr. ROE. Thank you, Mr. Chairman. I appreciate that. I have another Committee here that I have got to go to, but I wanted to hear this testimony today because to me, one of the—and first of all, all of you that are here, thank you for what you do and thank you for the service to our country, those of who served in the military. I very much appreciate that.

One of the frustrations I think you have to take a step back is—and I would like to hear any of you—what is the primary cause? Not for just homelessness in general. I think I have a fairly good understanding, but for veteran homelessness, because these are very capable who were in the military and had responsible jobs in the military and now they are out and homeless.

And I know there are three of us, Mr. Bilirakis, who is here, and Mr. Coffman, and myself were here nine years ago when General Shinseki set there and said, We are going to end veteran homelessness by 2016, which I thought was an honorable goal to do and bring the programs to do that.

So, number one, in veterans, why—what is the primary cause? Is it relationships? Is it mental health? Is it substance abuse? What is it? Anybody can take a whack at that.

Mr. PECK. I will jump in. It is all of the above. While combat trauma is the cause in some veterans; military sexual trauma, among the female veterans, who are also committing suicide at an alarming rate, but it is also societal issues. They go into the military, perhaps to escape from a disruptive family life, perhaps to escape from gangs. They are in the military for two or three years and they come out really with knowing how to shoot a gun or how to drive a tank. So, the transition is very challenging with—among those groups that are coming out.

Mr. ROE. I would disagree. I think they come out with more skills than that. They learn leadership skills. They learn how to get up early in the morning. They work hard all—as a matter of fact, there is no clock when you are in the military. You understand that and I understand that.

Mr. PECK. I understand, yes.

Mr. ROE. It is 24/7. So, they bring out some very good skills, I think you learn in the military.

Mr. PECK. Absolutely. They also have—when we were in the military, we knew what we were doing 24 hours a day. It wasn't our responsibility to determine what happens next, what happens a year from now. So, some of them don't transfer those skills well into the civilian workforce.

Mr. ROE. A couple of other things. And I have visited the LA campus and what they are doing for the homeless there several months ago. With the job market being at historic lows—in our state, we have a state unemployment rate of 3 percent, and I know California's economy is doing well—how do attribute this homeless—and I think at this point in time, whether it is up or down a little bit, these points in time are never all that accurate; they are just a guess at how many homeless people there are at any particular point in time—but why do you think in California the rates are going up? Are people just moving into California; is that what it is? What would be the reason?

Mr. PECK. There have always been more veterans in California than anywhere else. There are more homeless veterans there than anywhere else.

As you said, the unemployment rate is very low, so some of the veterans don't have the skills that they need to. The housing is very high.

Mr. ROE. High, yeah.

Mr. PECK. So, they are unable to, at a minimum-wage job, or even at $15 or $18 an hour, are able to afford the housing that would take them out of homelessness. So, a number of them are staying at our site in our supportive program housing much longer than they would like to because they can't afford to move back out into the community.

Mr. ROE. That is one of the things that we found, even in rural, East Tennessee where I live is a couple things; one, finding housing that is affordable, even where we are, and to get developers to build housing for these that would meet these needs. It is a huge problem for lower- income people.

And afterwards, I would love to discuss with you, a program we have done at home, beginning at home that seems to be working pretty well.

And I know not to take all the time—Mr. Martin, you mentioned, also, something and we seem to be spending more and more money, but I feel like I am running in place. You mentioned, and you are correct that every community is different, and El Paso is different than Northeast Tennessee, where I live. And so, I think you were so suggesting that you need more flexibility in these grants to be able to do what you needed to, but I am not sure whether it was just to fill a hole in what your community wasn't doing or whether you just needed the money—just the grant doesn't fit your community?

Mr. MARTIN. In direct response to your question, Chairman, it is not necessarily to fill a hole. We have created a foundation under a, continue-of-care model that was in place until roughly 2009, 2010, when the new Opening Doors initiative came out. And that model was the foundation for what it was we were doing in El Paso and the success that we had in El Paso.

And when we had that shift in funding, which was focused more on housing, it took the dollars away from the support services, because the veterans that we are working within The Opportunity Center are those that are not VA eligible, and so they have very limited options and they tend to stay with us. Now, many times, they can access SSVF, but because of local requirements that we have, that is limited to three months' worth of assistance.

And so if we go back to the comments that were just made with regard to a living wage, you can't do that with an entry-level position, so many times, it is three months and you are out and we see that return to homelessness or that recidivism that is going to take place. And that is illustrated in the numbers that I provided to you within the written testimony for our organization.

Now, it is too early to tell if that is going to be a trend, but we did see a significant increase in recidivism from 2016 to 2017 and we are also seeing an increase in shelter nights, which is how we gauge services. So, that is not unique individuals served; those are the individuals that come in and take advantage of the shelter because they simply don't have any other options at this point.

And so it is that support-service component that is desperately needed at this point when we talk about case management. Just to give you an example of some of the services that were lost: daycare, legal, transportation, mental health, okay. All of those are those wraparound services that these panelists have indicated that are desired because we don't need to simply look at placement; we need to look at sustainability and that is where that flexibility is needed.

Mr. ROE. My time is expired, Mr. Chairman.

And I want to thank all of you for what you do in a very difficult situation and population. But, just thank you for the efforts that you are putting into that.

Mr. ARRINGTON. Thank you, Mr. Chairman. I will now yielded myself five minutes for questions.

For me, just some context—and these are broad questions, and I think I can drill down; maybe it will be useful to them, as well—

but ending homelessness is a very laudable vision, but if we can't measure it, then we won't achieve it. So my—to each of you, and we will just go down the line: Define ending homelessness, as it relates to your organization, and then tell me how you specifically measure the success of achieving that outcome. Just go down the line. Start with you, Mr. Clancy.

Mr. CLANCY. Yes, sir. So, at the TVCA, we don't provide direct support. We don't receive any Federal funding for HVRP or any of those programs, so we network with the organizations in our community. What we see that drives the homelessness or an important factor is not unemployment, but underemployment, as was talked about before.

So, it is almost like when you think about unemployment and you think about the Nation, you never get to zero, right?

Mr. ARRINGTON. Right.

Mr. CLANCY. Because there is always some factor in there. When you are at 3 percent unemployment, you are basically at full employment of the country and the same thing could be said on the veterans' side. And so to say that you are going to get to zero homelessness is probably not an actual achievable goal, because there will always be folks, through addiction or mental health, don't take the support that is offered there.

Mr. ARRINGTON. Do you think we are at that functional zero or do you think it is where there is still ways to—

Mr. CLANCY. We have made a tremendous success over the last nine or ten years getting that down. We have captured the low-hanging fruit, so to speak, in getting that down to, you know, the veterans that really need the help.

I have worked—before I took this role, I was the director of veterans services for Easterseals in Cincinnati and we did have access to HVRP and HUD–VASH vouchers and also on the voc-rehab side, educational assistance for veterans. And I can tell you, it is sometimes hard to find those veterans that you can apply those funds to, in the Cincinnati area, at least. So, what we tried to do is get the transition—

Mr. ARRINGTON. Why can't you—what is—why can't you find the veteran to apply them to?

Mr. CLANCY. Well, unfortunately, as we talked about before, not every part of the country is the same.

Mr. ARRINGTON. Yeah.

Mr. CLANCY. So, you have some states that have declared the end of veteran homelessness and then you have states like Ohio that had a 7 percent decrease last year in veteran homelessness. The national rate of veteran homelessness went up 1.5 percent, 568 veterans, but the state of California had 1,800 veterans.

Mr. ARRINGTON. So, just back to my original question, I think you are saying that the underlying issue with homelessness, or at least a major underlying issue is employment, underemployment. And so you would define success as getting veterans a job?

Mr. CLANCY. Getting them a job, as well as, you know, housing; all those issues combined. But where they are not needing assistance.

Mr. ARRINGTON. Is it housing or is it the job that allows them to sustain self-sufficiency so that they can have that independence and pay the rent and feel the dignity of all that is involved in that?

Mr. CLANCY. That is absolutely right.

Mr. ARRINGTON. Is that—would you define that as success?

Mr. CLANCY. Yes, sir.

Mr. ARRINGTON. Okay. Let me ask Ms. Williams, because in the interests of time, I need to make it through the panel here.

Ms. WILLIAMS. Yes, sir. Quickly, thank you. So, Easterseals focuses on employment. And as you just mentioned, when you are able to get someone employment, then that helps them to be able to sustain housing.

So, we measure success by how much veterans we are able to get employed and then from there, hopefully, to become contributing members of society and to be able to sustain themselves and their families.

Mr. ARRINGTON. Mr. Peck? Thank you.

Mr. PECK. It is four things. Those transitional housing programs that provide the rehab that get them right off the street; the mental health counseling to address their mental health issues; the employment—there is never enough employment-training money ever; and the affordable housing. So, you really need those four together.

Mr. ARRINGTON. In the interests of time, let's just keep going. Mr. Martin?

Mr. MARTIN. First and foremost, I am not overly fond of the term "functional zero"—

Mr. ARRINGTON. Yeah, hit your mic, if you would.

Mr. MARTIN. I thought I did. My apologies.

Mr. ARRINGTON. No, that is all right.

Mr. MARTIN. First and foremost, I am not overly fond of the term "functional zero," because when you look at our veteran population, those that are not VA eligible, a vast majority of those, over—almost 70 percent are over the age of 50. So we look at success as housing sustainability; not necessarily placement, but sustainability and the wraparound services that go with it.

Mr. ARRINGTON. Sustainability as in their ability to sustain their independence and—because of employment?

Mr. MARTIN. Because of employment and the other related services—

Mr. ARRINGTON. And rehabilitation, et cetera, okay.

Mr. MARTIN. —yes, sir, you are absolutely correct. Sustainability.

Mr. ARRINGTON. Okay. Ms. Monet, then I am done.

Ms. MONET. From NCHV's perspective, we really want to look at how communities are building the systems that are making homelessness very brief and non- reoccurring. And I am sure you are aware that the Federal government does have a set of benchmarks and criteria that they use to assess whether communities actually ended veteran homeless, but it really looks at: Do you know your veterans? Are you making offers of permanent housing? Can you move them into permanent housing within 90 days or less? Are you decreasing unsheltered homelessness, right? Because if you are in a shelter, you still technically count as homelessness—as homeless on the pit count. So, things like that are really how we would look at success.

Mr. ARRINGTON. Okay. Thank you, Ms. Monet. My time has expired. I would now recognize Ms. Brownley, Ranking Member VHA, for her remarks and questions.

Ms. BROWNLEY. Thank you, Mr. Chairman. And I, too, want to thank the witnesses today for being here and the work that you do every single day in support of our veterans in addressing this issue of homelessness around the country.

Mr. Peck, you had mentioned in your testimony that you were particularly concerned about VA having an intention to rededicate some VASH services funds into the general fund. My understanding in terms of what their intention is—and I will certainly ask the VA when they are up next—that they were going to take 5 percent, sort of across the board from these funds to provide resources so meet sort of the priorities of the VA, giving those dollars to VISN directors, et cetera, to be able to accomplish those goals. So, I want to make sure that we have pulled back from that, but my understanding is that 5 percent, that would roughly mean about $264 million taken away from supportive services to veterans.

So, I guess my question really is, you know, what are you hearing on the ground, vis-&-vis, that? Are you hearing that, you know, these funds are going to be taken away? What do you know?

Mr. PECK. We are in 11 different locations across the country, so we are hearing different things. Some of the VAs have assured us that those funds will be there; other VAs have not. As I said in my testimony, we are not getting the case management help we need today when those funds are supposed to be protected. They are supposed to be fenced, used only for VA case managers and they are not being, so I don't know where they are.

And my fear is that if those funds, if the directors have a choice to redirect those funds, that they will redirect those funds to other needs within their community.

As I said, the suicide rate among homeless veterans is very, very high; much, much higher than the rest of the population. So, in effect, providing services for those homeless veterans is suicide prevention.

Ms. BROWNLEY. I agree wholeheartedly.

Can you—do you know what has been said in Los Angeles, relative to this issue, specifically?

Mr. PECK. I have spoken to Ann Brown, the director of the West LA VA. She said she will not redirect these funds. We would like to hold her to that.

Ms. BROWNLEY. Very good. In terms of the homeless population in Los Angeles, do you know what percentage are female veterans, roughly?

Mr. PECK. I don't. It is quite small. It is 3 to—it is generally about 3 personality.

Ms. BROWNLEY. And do they typically have children, also?

Mr. PECK. Some portion of them do. Many of them have lost custody of their children, but some portion of them do, yes. I am not sure what that proportion is, sorry.

Ms. BROWNLEY. And so, as far as the case management or lack of case management, is the problem that the resources are there

to hire or is it a problem of just constant churn and turnover? Do you have any sense of that?

Mr. PECK. The hiring within that bureaucracy is challenging; it sometimes takes a number of months to do that. But the West LA VA, with the number of VASH vouchers that there are in Los Angeles, has something over 200 social workers. That is really hard to manage. My recommendation is that they spread those contracts out among the agencies that are knowledgeable in the community so that each agency is able to do that job with more oversight because the oversight right now is just not good.

Ms. BROWNLEY. If homelessness in Los Angeles County has risen 57 percent, and I believe LA has approximately 20 percent of the homeless veteran population across the country, do you feel like you are—that Los Angeles is getting a—the proportionally correct amount of resources distributed across the country?

Mr. PECK. Los Angeles has been pointed out before, for funds because I think everyone who knows anything about homeless veterans knows that there is an awful lot of homeless veterans there; more than anywhere else in the country. Whether we are getting the appropriate share, I couldn't tell you, but I think we have got something like 1,500 VASH vouchers something like that.

Ms. BROWNLEY. Thank you. I realize my time is up. I yield back. I apologize.

Mr. ARRINGTON. I am a little faster and looser than the Chairman over to my left, so you are okay. This is—there is probably going to be a second round here, but great line of questions.

Now I would yield five minutes to the Chairman of the VHA, Mr. Wenstrup.

Mr. WENSTRUP. Well, thank you very much. I want to thank you all for being here and for what you do each and every day in the efforts that you make in trying to help our fellow Americans and those that defended our country.

And I became familiar—when I came back from Iraq, I wasn't looking for a job; I had a medical practice to go to. But I became very familiar with the work of Easterseals in trying to make those match-ups, working not only with potential employees, but with employers, and trying to make that match.

So, I am going to direct my questions to Mr. Clancy, because I have a real geographic bias on where he is, being from Cincinnati, Ohio, and being familiar with the center. I would like, if you could, just comment for a minutes on the relationships that you have been able to build with places like Joseph House and with our Veterans Court and how that relates to reducing homelessness.

Mr. CLANCY. Thank you, Congressman.

The whole purpose of the TVCA, when it was built was to be the center of collaboration for the hundreds of veterans' organizations in the Cincinnati area. So, we have built very good relationships. We don't compete with anybody, you know, for the Federal dollar. So, when we have a veteran in distress that comes in through our in-processing center, we can diagnose them and refer them out to all the agencies that are out there, including Easterseals.

When I was with Easterseals, we worked very closely with the TVCA and we continue to do that now.

Mr. WENSTRUP. And, of course, Veterans Court and all those types of things that are trying to get our veterans in a better direction.

Mr. CLANCY. Absolutely. We have a very strong Veterans Court in Cincinnati and at the TVCA, we have subgroups on specific issues that we work on: Education, employment, health and wellness. And, for example, the employment or the education subgroup right now is working with Veterans Court to try to get those veterans that need help, access to the G.I. Bill.

Mr. WENSTRUP. So, I know the center has been pretty robust and a lot of interactions with veterans of all ages; not just recent veterans, but some from previous wars. And we always want to get some lessons learned.

And where I want to go with this is, this is Economic Opportunity Committee and Health Committee, and what are you seeing or what do you think could be done better—you know, we engage in the Transition Assistance Program, which is administered by DoD. Are there things we can do before people take that uniform off that can help them in the long run, as far as guidance, counseling, on the track to a profession? Rather than VA and what you do being reactive later, what can we do more on the front-end?

Mr. CLANCY. That is a great point and we—that is one of the goals we have. One of the things we strive for is to contact these veterans upstream even as they are separating. We have a program we call "Vet Excel" where we work directly with the National Guard, which is big in Cincinnati, the Army National Guard. We work directly with them with the veterans that are separating to help them with their resume, the culture change they are going to see from a military unit to a civilian office in terms of everything from the direct feedback that you might get in the military that you might not get in the civilian workforce. Even what to wear, the basics, the very basics.

But we continue to see the underemployment is a big concern, so we help them take the experience they have in the military and be able to change the verbiage or explain properly to a civilian HR department what they are capable of doing. And we have a two-week program that we do that, bring in the companies who work with the HR departments directly. We work with the veterans directly. And we try to make that one-on-one match to help that.

So, it is a combination. We definitely need to be upstream helping these veterans understand the change that they are about to have.

Mr. WENSTRUP. And being local like that, the Guard is a perfect opportunity to do that.

Mr. CLANCY. Absolutely.

Mr. WENSTRUP. What kind of success or results are you having and what are some of the walls, if you will, in the process?

Mr. CLANCY. We are getting great feedback from the companies that we deal with. They love the veterans. I mean, there is no problem with unemployment in Cincinnati. There is a great opportunity for employment. So, they want—they love the veterans because they show up on time. They have a sense of mission. They have a sense of team. And so from the HR perspective, from the company's

perspective, we get very great feedback on all the veterans we send their way.

And from the National Guard side, they are very excited about what we are doing because they like that their veterans are hitting the ground running on the civilian side.

Mr. WENSTRUP. And from the veterans themselves? I mean I am looking for best practices here. What do you—what kind of feedback from the individual veterans themselves?

Mr. CLANCY. The individual veterans really appreciate the mentoring that we can give. We are an all-veteran staff. There are plenty of corporate veterans out there that can be mentors for other veterans coming out of the service. And so one of the best practices we have is having those civilian, now-civilian former military successful businessmen and women mentor the new soldiers coming out of the military.

Mr. WENSTRUP. Thank you. I yield back.

Mr. ARRINGTON. Thank you, Chairman Wenstrup.

I will now yield five minutes to the Ranking Member of the Economic Opportunity Subcommittee, Mr. O'Rourke.

Mr. O'ROURKE. Thank you, Mr. Chairman. This has been one of the most helpful panels that has appeared before the house of Veterans Affairs Committee in my five years here, so I want to thank you all for your testimony and what you brought to the table today.

Some of the take-aways so far for me, Mr. Peck, I think you asked the defining moral question of this Committee when you asked: Are these lives worth saving? And when you point out that there are 20 veterans a day, every single day in this country who take their own lives and the suicide rate amongst homeless veterans is 20 times that of the general population, that is—that should catch everyone's attention and add some urgency to our work on this. So, I want to thank you for making it very clear that we are in crisis today and until we resolve this, we will remain in crisis and we need to meet that crisis with urgent action.

I think many of the panelists, including Mr. Peck and Mr. Martin make an excellent point that answers the Chairman's concern about our fiduciary role for the taxpayers' dollar. If we are not making that 25:1 ratio and we are spending all this money to put a roof over a veteran's head, perhaps temporarily, perhaps permanently, but we don't have the wraparound support services, we are not getting the greatest bang for the taxpayer dollar and we are not ensuring that we end some of that chronic homelessness by providing the mental health care, the daycare, the transportation services that Mr. Martin talked about. So, I think you all made an excellent case for us ensuring that there is accountability and oversight for VA and DOL and HUD, making sure that we have fulfilled that commitment of 25:1.

The issue that Mr. Martin alluded to that many of us on this Committee have worked on, which is that we have hundreds of thousands of veterans who have an other-than-honorable discharge and what we have been focused on lately is the fact that that precludes them from being able to see a mental health care provider. And we have an alarmingly high suicide rate amongst those veterans who had bad-paper discharges. We are working on that. I think we are going to get to greater access, but it means that those

same veterans are ineligible for the HUD–VASH program and it consigns them to greater suffering, homelessness.

And whether we look at our moral obligation to those veterans who have served this country or just the taxpayer dollars being well spent, I think we have to expand eligibility to include those who have other-than-honorable discharges. And I want to work with my republican colleagues, with the VA, and the secretary, and the president on this. I think it is the right thing to do and we absolutely have to do it.

And then the point that many of you brought up about these HUD–VASH dollars being moved to the general fund, that is very alarming. I am very interested in what the VA has to say on this issue and I anticipate that question will come from both sides of this Committee.

Last couple of points, I am really glad, Mr. Clancy that you mentioned Combined Arms, one of these outstanding veterans' service organizations in Houston. And part of what makes those so exceptional is they take the mindset that the veteran is not a victim, but, instead, had so much to contribute, and if we just unleash their potential, the experience, the expertise that they have built in service by connecting them in some cases with the care that they need and they are not currently getting. The upside for everyone else in society is unlimited and I am grateful that you pointed that out.

I will end with this anecdote. The Chairman held a really positive field hearing in Lubbock, Texas, on transitioning servicemembers into civilian life successfully. And that morning, we went to Paul's Project at Grace Campus; it is a homeless center. And they said about 75 percent of their clients have some medical connection to their homelessness; their out-of-pocket expenses were too great, they could no longer pay their mortgage or the rent, or the disability was so significant they could no longer go to work and they found themselves homeless.

Several of you mentioned health care as a connection. I would ask Mr. Martin—I have got about a minute left—talk about how significant health care is as a connection to homelessness and perhaps how expanding eligibility decreases our homeless population.

Mr. MARTIN. In El Paso at The Opportunity Center, we do have one distinct advantage and that is that we have an on-site health clinic and it is operated by a separate entity, which Centro San Vicente. But that access to medical care is a critical component, as well as mental health care, because we also have a community, as it relates to mental health needs overall that is overwhelmed, and so we have got to look at accessibility as we sort of pick it up.

And in the absence of that, what happens is we see a large number of individuals, to use a term that is been used in the past, that self-medicates through alcohol and drugs, and that includes the veteran population. There is just a lack of trust in the system and that is one thing I haven't heard at this point, especially when we start to get into the older veterans.

We have a lot of folks that simply say, I don't want anything to do with the VA; I just want out, and it is distrust, disillusionment, whatever the case might be over time. And so, that goes back into, to a certain extent, somewhat of a cultural transition, okay. We

have talked about it in terms of employment, but we also have to look at it from a social atmosphere, as well. Because in many cases, they would like to be there and there is a right to have a choice.

Mr. ARRINGTON. Thank you, Ranking Member O'Rourke. And we will now yield for five minutes to Mr. Bilirakis.

Mr. BILIRAKIS. I appreciate it. Thank you very much, Mr. Chairman. I have a couple questions.

Stakeholders from our Supportive Services for Veterans Families program in my direct in Florida—I represent the Tampa Bay, portions of the Tampa Bay Area—they have highlighted the need for better coordination between the VA and HUD in strengthening the continuum of care so the veteran homeless populations have the support they need for long-term success. They stress the importance of directing dollars we have provided to the VA towards continuum of care support so the program can focus their efforts on prevention and rehabilitation.

So, the question is for the panel, the entire panel—we can start with Mr. Clancy—how would you recommend VA, HUD, and the Department of Labor, how could they improve the communication with community partners like those each of you are part of? And I appreciate your testimony today.

Mr. CLANCY. Thank you, Congressman.

In Cincinnati, we have a very good relationship with our VA Medical Center and so we are in very good communication with them constantly. You know, I think there is an advantage to flexibility and I think, as we mentioned before, and so I think—I know there is a concern with the HUD–VASH program, that a dollar is not specifically being directed to them, but in—again, in Cincinnati, we don't have maybe the needs that maybe Los Angeles has and I think the flexibility of working with the VA Medical Center is critical for us, but we have a very good relationship with them.

Mr. BILIRAKIS. Please.

Ms. WILLIAMS. I will admit, this is my third day on the job, so if you don't mind, I would love to submit an answer to you once I get that.

Mr. BILIRAKIS. Very good. Thank you. You are doing very well. I will tell you that much.

Yes, please?

Mr. PECK. I think it is important that we look at the entire continuum. There has been a tendency to try to find a single fix. Housing First was the answer for a while, but I think it is critical that we provide those more intensive services that are now done through their Grant and Per Diem Program at the beginning so that veterans coming in off the street are getting the services that they need, whether it be mental health or substance abuse or education or whatever it may be, and then have a direct connection between those grant per diem programs and all the permanent housing available, not just HUD–VASH, but also the supportive housing available through the HUD program, and that they cooperate with counties so that the counties are providing a range of services, particularly in regards to mental health and employment that can serve the veterans who are VA eligible and the veterans who are non-VA eligible. So, all those systems have to work together.

Mr. MARTIN. I had to sort of think a little bit about the response to this question because in our reality, we have a wonderful working relationship with the VA in El Paso, we truly do, and that is through our GPD program. And so we have a lot of interaction that is taking place as we work through that.

Just, I think a week and a half ago, I sat in on a teleconference call that the VA hosted with regard to Coordinated Entry and I think that is one example of what we could use, where we are trying to sort of take two systems and having them use the same entry point. And if you are not familiar with Coordinated Entry, it can be simply described as one door in; so, in other words, everybody goes through a common assessment process.

If they qualify for VA, whether it is SSVF, HUD–VASH, whatever the case might be, they go direction one. If they don't, then they go direction two which takes you over to the HUD-funding side of the fence, okay. And so, that is the intent; to have the two work together.

Now, the reality is, when you look at direction two, we need to start looking at support services and that could potentially pull in the Department of Labor, because a lot of the employment side of the fence—employment is one of the keys to sustainability, desired employment, not just an entry-level job as you work through it. So, you have got to take a look at what the strengths of the individual are and you have got to get away from, You must be job-ready as the underlying premise and you have got to start working with that individual and develop the skill sets that are needed and then, two, to be able to provide the coaching that is necessary for sustainability in employment. So, again, it goes back to support services.

Mr. BILIRAKIS. Great. Please.

Ms. MONET. So, I think this is a really important question and I appreciate that you all are asking this. I will tell you that I look at it from two perspectives and the first is from a top-down approach, right, where all of the agencies are really focusing in on sending coordinated messages and reinforcing the messages of other agencies to their grantees, encouraging people to communicate.

I think the other thing to think about in that regard is that the Federal government is the largest funder of homelessness assistance, right? So, if you can incentivize, through your funding mechanisms, coordination I think you will be in good shape.

The SSVF program does this really well. The Grant and Per Diem Program is now moving to do that in its current reboot of its system.

But I think you also need to look at this from the bottom up and think about what is in it for providers and Coordinated Entry, as Mr. Martin mentioned, is one really great approach. I think case conferencing and sharing resources and really creating a solid system in your community is another thing that is a benefit to a provider and that providers should be thinking about and looking at.

Mr. BILIRAKIS. Well, thank you very much. I see my time has expired. I will yield back, Mr. Chairman.

Submit the rest of the questions for the record. Thank you.

Mr. ARRINGTON. You bet. Thank you, Mr. Bilirakis. We will now yield five minutes to Mr. Takano.

Mr. TAKANO. Thank you, Mr. Chairman.

Mr. Peck, I want to begin by thinking you for the tremendous work that U.S. VETS does in many particular district and the wonderful facility being built with the wraparound services. So, I congratulate you on that work.

You mentioned in your testimony that there is not a lot of accountability for VA case management and that contractor organizations are held to and achieve greater outcomes. You have also said the Inspector General's study was unable to identify why veterans exited the program.

Would a comprehensive study by an entity outside of VA or HUD or like JO, for example, be helpful in understanding HUD, the HUD VASH's efficacy and where there are still issues in deliverance of services?

Mr. PECK. Absolutely. I think if we can bring transparency to the goals of the program as opposed to what is actually happening would be invaluable and I have not seen such a study. That OIG study that I referred to was specific to the western—was specific to the California area, so I think a nationwide study would be excellent to make sure that they are providing that service based on the model that they say that it is based on, which is the Housing First model.

Mr. TAKANO. I think, Mr. Chairman, I would like to make sure that we look at such a study or at getting such a study ordered, because it is about the use of, most effective and efficient use of taxpayer resources. So, if we could work with you on that, I would appreciate that, Mr. Chairman.

Mr. Peck, I want to continue with a line of questioning. In 2016, Riverside County, which I represent, as you know, reached functional zero for veteran homelessness, but just because there has been some progress in our area, I know that next door in Los Angeles County, which has a much larger population, they have experienced an uptick and they have the largest number of homeless. We will definitely, I think, suffer if we don't, in my area, if we don't address what is going on in Los Angeles. And it doesn't mean we can let up our efforts because we in Riverside County have reached functional zero.

A continued and coordinated multi-agency strategy is of course needed to end veteran homelessness. We have seen in California, the number of homeless veterans rise by 20 percent last year in distinction to what has happened in Riverside County. Now, as service providers—as a service provider, do you feel that the VA remains committed to ending veteran homelessness?

Mr. PECK. I should hope so. I think the directors that we deal with at Loma Linda and Los Angeles are committed to this effort. It frightens me when people talk about the end of functional homeless—the functional end of homelessness. It feels like the problem has been solved.

And we have actually experienced, in talking to funders who say, Isn't that problem solved? And it is not.

Mr. TAKANO. Well, yeah. So, here is my thing. I realize that Loma Linda and LA directors, you may feel supportive, but has the

secretary's decision to remove the elimination of veteran homelessness from his top priorities impact the work that you will do on the ground?

Mr. PECK. It absolutely will impact. If those funds are redirected, the homeless population will go up.

Mr. TAKANO. Last year—okay, well, the VA proposed moving money from specific funds to a general purpose fund, and how would that have impacted the services you provide the veterans and the numbers of veterans you serve?

Mr. PECK. It would not only reduce the case management we are getting currently from the VA, it would allow a number of those HUD vouchers to go unused. They cannot be used without the appropriate case management. So, it is an overall reduction in service to homeless veterans.

Mr. TAKANO. So, the HUD vouchers—the HUD–VASH vouchers would be unused because we aren't doing the wraparound services as part of the holistic approach that we have to use?

Mr. PECK. Yes. So, the three letters that I have submitted with my written testimony indicate that in some cases, they are only using half of the vouchers because the VA cannot commit to providing case management to 100 percent of the vouchers.

Mr. TAKANO. So, there is funding on the table that we can't use.

Mr. Martin, could you quickly respond to that same question: How would the proposed repurposing of the money affect you on the ground?

Mr. MARTIN. Well, when you are talking about VA dollars, like I said, I am sort of in a different world. And when I talk about the absence of case management, I am referring to that crisis response system, that safety net, that emergency shelter where we have a large number of individuals. Because if our VA-funded programs, we are able to maintain those levels as we work through that because it is a requirement of doing so.

Now, when you look at the VASH vouchers, I believe we have about 294 as a community and I have not heard any concerns that have come in from the VA in that respect, in direct answer to your question.

Mr. TAKANO. I would ask the rest of the panel to submit an answer to the question that I asked in writing later. But, Mr. Chairman, I yield back; I am certainly over.

Mr. ARRINGTON. Thank you, Mr. Takano.

Now, I yield five minutes to Ms. Radewagen.

Ms. RADEWAGEN. Thank you, Mr. Chairman. Thank you very much. I, too, want to personally commend the panel for not only appearing today, but for doing this very difficult, challenging work. I mean you are just amazing.

Mr. Clancy, your testimony suggests that regional veteran collaboratives are part of the solution to ending veteran homelessness. What are those and why do you think they are needed?

Mr. CLANCY. Thank you, ma'am. The veteran collaboratives, as I have mentioned not only here, in Cincinnati with the TVCA, but also Combined Arms in Houston, as the Congressman mentioned, are critical because it enables the community to come together in a collaborative sense to provide the best of services for the veteran. We can combine best practices. Different organizations receive dif-

ferent funding, and we can, as best we can, move upstream to get those transitioning veterans before they become in crisis mode.

Ms. RADEWAGEN. Thank you. Mr. Chairman, I yield back the balance of my time.

Mr. ARRINGTON. Thank you, Ms. Radewagen. I will now yield five minutes to Ms. Kuster.

Ms. KUSTER. Thank you, Mr. Chairman. I am delighted to be here. Thank you very much. It is a very informative hearing. I think you have taken on kind of a calm tone in what I consider to be a serious change in policy that Congress was not consulted about and I want to make sure that we get a chance to get to the bottom of what the impact is on a daily basis for our veterans, and not just the veterans that are currently in the system, but perhaps, more importantly, the veterans who are not yet in the system or, as you mentioned, have been disillusioned.

I wanted to mention in Nashua, New Hampshire. We have done tremendous work in my district, particularly Easterseals—thank you to Easterseals, Ms. Williams— and to our own Harbor Homes, a very effective program integrating health care and housing services.

I had a wonderful story of a man, John, I met, who had been living under a bridge with a group of Vietnam-era veterans. They were, over time, brought in by the social workers and it turns out part of his problem was a health care issue. He was diabetic and not been receiving any health care, and when he was housed and got the health care that he needed, come to find out that he had been a middle manager in a company in our area. He had a family that he was estranged from. And over the course of getting the housing and the services, he was able to reunite with his family and, actually, now he is a part of helping other veterans.

So, my question to you is, are there lessons that can be learned—and I will direct this to Ms. Williams—from the programs that have been effective? And in particular, we have been talking a lot about Los Angeles. If you could turn your attention to rural communities and what more we need to be doing.

And I think in a bipartisan way, we need to take back this discussion from an administration that seems to be turning a blind eye or turning a shoulder toward those veterans in need and make a decision about funding, fully funding the services that are needed; the wraparound services, the health care, the social workers.

So, Ms. Williams, if you could talk about the lessons learned and where we go from here.

Ms. WILLIAMS. Thank you so much for the question and let me speak specifically first, starting with New Hampshire, that New Hampshire does have many rural areas and with minimal staffing, it is difficult to reach all the veterans in need and to provide the level and attention they need. So, that is the experience that we are having in New Hampshire.

And secondly, what I would say is that there needs to be greater flexibility to meet the unique needs of veterans, and I just want to, again, highlight Easterseals' support of H.R. 4451, which is Congressman Wenstrup and Congresswoman Brownley's bill, because it does, in fact, allow for that flexibility.

Secondly, focusing on retention, helping to maintain jobs and increase employment, and not just any employment, but better jobs is critical.

And then the final thing I would say toot-toot, again, tie into what my fellow panelists have discussed is early access to case management. The community care coordination is vital; that is what we have heard, and I would just encourage the Federal agencies and you all to push for that. That is part of how we achieve success.

Ms. KUSTER. Could I ask our representative from HUD, do you see the continuum of care as part of the mission to address homelessness from a holistics perspective to not only employment, but I want to remind the chair that some of these veterans are 65, 70, 80. Employment is not the only solution. And if anyone else wants to add in—I have about a minute left—I would appreciate your comments.

Mr. MARTIN. A direct answer on that question, when I look at the population that we serve, over 67 percent are over the age of 50 and if I take that up a notch and get you to 65 and older, we are looking at—and I just ran the numbers—18 percent, okay. So, when we look at our mission under the continuum of care, and our mission statement states this, We transition those that can and we protect those that can't.

So, you have got to look at that long-term viability for those that are not in a position to seek some type of sustainable housing through employment.

Ms. KUSTER. Right.

Mr. MARTIN. And that is where you look at the different options.

Ms. KUSTER. Thank you. The other question I have is about workforce—and my time is limited—but if you have any comments on workforce or if you want to submit for the word?

Mr. MARTIN. I would be more than happy to. I know that we are piloting a project right now with the local university, ourselves, and workforce, which is based on the premise that anybody can work, but I will submit that in a written format to you so you can—

Ms. KUSTER. I would be very interested. And with the brief indulgence that veterans be included both, on the training side, but also on the workforce, social workers, and such. So, I would be very interested in any thoughts you might have.

And the chair is gone, but I wanted to invite him to New Hampshire for a roundtable on homelessness. Thank you. I will yield back.

Mr. ARRINGTON. Thank you, Ms. Kuster. We will now yield five minutes to Mr. Higgins.

Mr. HIGGINS. Thank you, Mr. Chairman, and thank the panel Members for attending today. Mr. Chairman, Ranking Members, I would like to suggest that we see a future panel addressing this crucial issue that would include DoD, because it occurs to me, as a veteran myself, that our Nation invests a great deal of energy and money into training our soldiers, sailors, airmen, and Marines to do their job within the military.

Largely, a soldier in today's military chooses his MOS and yet we invest virtually nothing prior to their ETS from the military to help

them make a transition to civilian life. And all of us know there is a term in the military called a "short-timer," a "99 and wake up," et cetera. It seems to me that if our energies were invested in coordination with the DoD to have sort of an ETS, AIT, advanced individual training, to help that military member be prepared for work, because these men and women who serve our Nation, they lose their uniform, they lose their rank, but they maintain their skill, and yet they enter the civilian world as rookies.

You have excellent mechanics leaving the military that don't have an ASE certification. They are not qualified to change oil at a dealership. We could fix that if the DoD would work together with the VA and the existing entities that help post-ETS transitions.

We have heavy-equipment operators operating dozers and cranes and, you know, very significant heavy equipments [sic] that are not certified to operate a forklift when they get out.

Welding certifications, heavy-truck driving certifications, nursing and medical-profession certifications, all of these excellent skills that are performed by our military members every day across the world and when they ETS from service, they don't have the civilian certifications that are equivalent to their existing skills. So, they lose not just their uniform and their rank, but they lose their opportunity to serve their fellow man with the skills that they have learned and excelled at within the military.

As a street cop for 12 years, I have had personal interaction with hundreds of homeless veterans and I can tell you that there is a sort of an underground culture in existence and I would like a couple of you to address this. We say we have 40,000 homeless veterans. We have 184,000 veterans incarcerated in America at an average cost of, a conservative average cost of $32,000 per veteran; that is $6 billion.

So, there is a culture that a veteran—because the very nature of a military veteran is independent and strong and mission-oriented and they don't expect to be bantered Abby civilian housing directors and people of that ilk. So, many veterans house themselves in jails. They will commit a—they are smart. They will commit a misdemeanor crime that requires incarceration. They won't make their bond and they will do three, six months, eight months in a jail, in a local jail, then they are back on the street and they will live on the street for a while until they repeat that cycle.

So, I would ask, Mr. Peck and Ms. Monet, if the Chairman would allow the time, I would ask you to address your consideration regarding the future that we could envision working with DoD to help these military veterans make the transition with the skills that they have into service to acquire the civilian certification equivalent of their skills so that we don't have this problem.

Mr. PECK. I think you have hit on a very important problem. That transfer, once a veteran—once a serviceman or woman comes out of the military and hits the street, they do so without appropriate help. The TAP Program is there. It is a lot of information in a very short period of time. As you said, once you get to be a short-term, you just want out of there and you don't necessarily want to talk to anybody.

So, starting a program well before they get out indicating the possibilities of—other possibilities once they get into you civilian life, and giving them a connection in the community where they are discharged so the VA can contact them, you know, 90 days later or 6 months later and say, How are you doing? Do you have a job, you know, are you all right? Is your family okay?

Just rather than the veteran running out of resources after six months or a year or three years and then being so disconnected and disillusioned that they won't connect with the VA. So, I think that connection is critical and we have to find some formal system to make that transition.

Mr. ARRINGTON. Thank you, Mr.—

Mr. HIGGINS. If the Chairman would allow Ms. Monet?

Mr. ARRINGTON. Go ahead, Ms. Monet. Let's make it quick because we are running late all right. Ms. Monet, go ahead.

Ms. MONET. I will be as quick as I can.

Mr. ARRINGTON. Thirty seconds.

Ms. MONET. So, I think from our perspective at NCHV, one of the most interesting things that we do as an organization is we have a toll-free hotline where veterans who are experiencing a housing crisis can actually call in and say, Hey, I need help. And we have heard from a good number of young and recently returned vets who have said, I am getting ready to get out. I have nowhere to go. You know, I live on base housing and I don't even know how to find an apartment; I don't know what that means.

So, to your point about DoD getting involved in transition planning, they need to be thinking not only about employment, but, also asking servicemembers Hey, do you have a housing plan? Do you have somewhere to live when you get out? If you don't, can we connect you with VA or a community provider in the area where you are going so they can help you out and they can sort of wrap some services around you to get you started off on the right foot.

I think to your point about incarceration, any transition planning is important. Not only from DoD, but, you know, when you are coming out of jail or prison, but even if you are coming out of mental health treatment or a hospital. I think folks need to really be cognizant that big life transitions are points that are—well, they are points of vulnerability, I guess, where we could be doing a lot more to improve services to our veterans.

Mr. ARRINGTON. Thank you, Ms. Monet.

Mr. HIGGINS. Mr. Chairman, thank you for the indulgence.

Mr. ARRINGTON. You bet, Mr. Higgins.

And now we yield five minutes to Mr. Correa.

Mr. CORREA. Thank you, Mr. Chairman. I wanted to first of all, thank our veterans for your service to our country and I wanted to also echo some of the comments made by my colleagues regarding the redirection of funds without properly notifying Congress. Let's do better next time.

A couple of questions. I will start out—I am from California and the question I am get asked by a lot of veterans is: What impact would cannabis use by veterans have on their eligibility to access the various programs, the services that you offer? How are they affected in terms of their eligibility?

Mr. PECK. That is a tricky one. I know that the VA does not allow cannabis use. There are some verifiable medical uses for marijuana. It is a tricky area because so many of the veterans that we have in our housing have substance abuse issues, addiction issues, so—

Mr. CORREA. We have an issue of opioid use—abuse.

Mr. PECK. Yep.

Mr. CORREA. Then we have right now the issue of the famous cold memo that has been essentially repudiated by our attorney general. Then in the state of California, we do have medical cannabis use. There is a doctor-patient relationship. There is recommendations made by physicians to their patients for use of cannabis.

So, we have—what we have here is a conflict of law here, State v. Federal. And my veterans are asking me, what is going to happen if I medicated with cannabis; will I have—be affected in terms of my benefits in the VA?

And I have gotten conflicting answers and I am asking you here publicly because I need to give my vets and answer. And if you don't have the answer now, can I ask you to please submit your answers to me in writing.

Mr. PECK. I will do. I will—

Mr. CORREA. To the best you can, give an answer.

Mr. PECK. Yes. But you are right; there is a conflict between state and Federal and where there is verifiable medical benefit that should be allowed. So, I will ask all of our clinicians and get back to you.

Mr. CORREA. And, Mr. Peck, you talked about a more efficient use of funds and unused grant programs, turning them into vouchers. I am out of Orange County. We have some great folks providing great services like the Illumination Foundation, a group that is about 10, 15 years old; gets homeless folks, gets them into converted motels. You know, gets them on their feet, wraparound services. Is that the kind of services you are talking about in terms of also aiding veterans in terms of getting them back on their feet?

Mr. PECK. Absolutely. Nonprofits really have extensive outreach into the communities, much more so than the VA.

Mr. CORREA. And I say that because the only limitation that these folks have is resources.

Mr. PECK. Yes, absolutely. I am a big proponent for the VA to contract and I think those dollars would be much more efficient and we would reach more veterans.

Mr. CORREA. And let me, with the few seconds I have left, I want to follow-up on Dr. Wenstrup's and Mr. Higgins' comments about following up with veterans after they take off the uniform in a meaningful way. I mean, it is one thing to give them a survey when you leave, but like you just mentioned, you know, some of these vets may be in many ways, lacking of the skills that they need to survive out there, especially given the invisible wounds they have once they leave the service to our country.

So, do we have a system to meaningfully follow up with them six months, a year, two years out, other than a survey or a "fill out the card and send it in?"

Mr. PECK. There is no such system and a lot of us are advocating that they have to opt-out, rather than opt-in to a program that would allow the VA to contact them after they—

Mr. CORREA. Given that we want to do what is best for the veterans, given that we want to figure out the best way to use taxpayer dollars, do—I would just rather follow up with them however the best we can, six months out, one year, five years later. As Mr. Higgins said, we have too many of our veterans in jail today. That is just—there is no excuse for that.

Mr. PECK. A 90-day follow-up, six-month follow-up would save a lot of lives, for sure.

Mr. CORREA. How can we do that? What do we need to—

Mr. PECK. I think my fellow marine, Secretary Mattis would support that and I would love for someone to talk to him about that.

Mr. CORREA. So, can we do something like that? What do we need to get going, folks?

Mr. CLANCY. Congressman, if I may? Any veteran that comes to our in-processing center in Cincinnati does get follow-up, three months, six months, one year. If we get them a job, we follow up not only with the veteran, but with the employer to make sure that everything is going well and the veteran is still squared away.

Mr. CORREA. Thank you, Mr. Chairman. I yield.

Mr. ARRINGTON. Thank you, Mr. Correa. I would now yield five minutes to the gentleman from Indiana, Mr. Banks.

Mr. BANKS. Thank you, Mr. Chairman. Thanks to each of you, once again, for the important work that you do. And Mr. Chairman, thanks for this incredibly important venue today to talk about this important issue.

Ms. Monet, I wondered if you could talk a little bit more about the Housing First model. You said a minute ago, I thought quiet profoundly, that Housing First should not ever meaning housing only. Multiple times, the VA has reiterated its support for Housing First, but I hear from some of the leaders in my district who serve homeless veterans that it doesn't always provide the best option. It might put a roof over a veteran's head, but it doesn't get to the root—underlying problem, such as drug addiction.

So, could you elaborate a little bit on that and what you mean by that and talk a little bit more about the Housing First and why it might fall short in some of those cases.

Ms. MONET. Absolutely. That is a wonderful question. Thank you for that, sir.

So, Housing First really means that you are, indeed, putting someone in housing first, but you are then following up and you are offering services. So, you are saying, Hey, I see you have this issue. Can we help you address your diabetes or your opioid use? Or you are unemployed, do you need a job? Let's get you some employment services.

But Housing First, it is very important to make the distinction that your ability to stay in that housing is not predicated on the requirement to access services. So, you are not requiring them to go to 90 AA meetings in 90 days. You are not requiring them to jump through a bunch of hoops to stay in housing, but what you are really doing is enticing them into the services while they are in housing, because research has really shown that when a person

is in housing, they can better address all of the other issues that they are facing.

Mr. BANKS. Very good. Now, as a segue from that, Mr. Peck, you talked a little bit ago about the importance of GPD up front and wonder maybe if you could talk a little bit more about that, what you mean about that, and why that would be important.

Mr. PECK. The case management is more robust in the grant per diem programs, which gives us the opportunity to offer them the rehabilitation that many of them need and are asking for. While Housing First is a good model, it is only one avenue and I think a number of them would welcome the opportunity to get into a program that could provide the mental health, the substance abuse treatment, the education, educational opportunities that a GPD program can offer, which a Housing First permanent housing program cannot. There is just simply not the robustness of the case management assistance.

Mr. BANKS. Do you—since the VA is continuing to support a GPD upfront, can you talk a little bit about what we have seen—the posture from the VA from your perspective.

Mr. PECK. They have supported it. Thankfully, they have reduced it somewhat. There is a few thousand beds that they have reduced and I think those beds may not have been well utilized. They have redesigned the program to make it more proactive. You have to state what kind of service you can provide. They are really focusing on outcomes and the outcomes largely are getting those veterans into permanent housing, whether through the income they earn through employment or a disability income. So they are, now, I think, measuring that program better than they were before.

Mr. BANKS. So, you are optimistic about the way forward. From your perspective, you are not concerned about those changes; those are good, healthy changes?

Mr. PECK. Those are goods changes, absolutely. And I think they will continue to support that. I am hoping that they will.

Mr. BANKS. Okay. Thank you very much. I appreciate, once again, all that you do, and I yield back.

Mr. ARRINGTON. Thank you, Mr. Banks.

And, finally, we now yield to Mr. Peters, five minutes for questioning.

Mr. PETERS. Thank you, Mr. Chairman. I thank all the leadership for holding this hearing and for allowing me to participate even though this isn't my Subcommittee. It is an issue that is very important to me. I represent San Diego, which is the home of a tremendous veterans population. Because of that, the nature of our homeless population is that it is heavy on veterans.

We have a lot of programs in San Diego that are community-based, we think are doing well, but, obviously, they depend so heavily on the Federal participation, so let me turn to a couple observations and then ask a couple questions. First of all, we are all very supportive of the interest of the secretary in suicide—veteran suicide, but we don't want that to come at the expense of housing, because the two are so related.

We have heard from all of you that suicide rates among the homeless veterans are much higher, so keeping them housed and off the streets and dealing with housing is, in effect, part of the sui-

cide battle, as well, and we certainly urge the secretary to keep that in mind as he talks about where he spends money and shifts money.

And the other observation that I would make, that a lot of my colleagues have made, is the importance of the Department of Defense in this. The most cost-effective expenditure of an American taxpayer money is to really prepare transitioning vets to come out and be productive, be employed, have a plan. And I think we may want to ask more of the Department of Defense to take that on as one of their tasks.

They trained great warriors. They trained them to have the skills that I think the Chairman had, but they are not necessarily trained to deal with civilian life in a way that they could be and they should be at the time of transition.

And Mr. Clancy has talked about some of the efforts that he has done in his area on that. I commend that. Maybe you know of 0800 in San Diego, which is a transitioning program that tries to do the same thing; go on the base at the time of transition and introduce the community at that point so that when people walk off the base as civilians, they are not strangers to that.

Mr. Clancy?

Mr. CLANCY. Yeah, absolutely San Diego has a great program and it is in my written testimony, but I didn't mention it today, but the San Diego Veteran Coalition and Military Family Collaborative is a group that we, as with Combined Arms, we have conference calls with them, best practices, what are they doing that is successful? What are we doing that is successful? And so there are a number of collaboratives around the country that are working together to, again, learn from each other and learn how best to prepare the veteran for separation from the military.

Mr. PETERS. Terrific. And I certainly think it is worth observing that even if the VA and the Veterans Committee were functioning at 100 percent, we couldn't replace the importance of community involvement; that is something we can't do as a government. Not every solution that comes from the government, I think, with community involvement has been so helpful.

But in the time I have, though, the question I wanted to ask was about vouchers. In San Diego, we get reports that there is a large number of vouchers that aren't used and I would like to just—maybe, Mr. Peck, you could address how is it that possible? Why does that happen? And maybe what could we do to make sure that the resources that we do have are being employed to make sure that veterans have housing?

Mr. PECK. In some instances, unfortunately, it is due to a high-housing costs, which I am sure is true in San Diego. And I have worked closely with the VVSD down there, a really good program. So, some landlords are not taking those vouchers. I know in Los Angeles, 500 veterans are walking around with vouchers in hand that cannot find housing, so they stay in bridge programs like the ones we run and others. So, creating the affordable housing, talking with landlords is critical to be able to get those veterans into the—into their housing.

And, additionally, a shortage of VA social workers is contributing to the—those vouchers not being used.

Mr. PETERS. So the landlord—the work with landlords is more of a local issue.

Mr. PECK. Yes, but it is critical that there is a local plan for each of these Federal issues. And as you said, the community-based nonprofits are the ones that know and are familiar with the community.

Mr. PETERS. As a Federal lawmaker, what would you suggest that I do to see that more vouchers are used in San Diego, given our high housing costs, Mr. Peck?

Mr. PECK. I would—two things need to be done. Check with the VA to make sure that they have providing the appropriate number of case managers and, two, talk with the City, who can talk to the landlords, is what is happening in Los Angeles, in an effort to get them to look more closely at these vouchers. And we have housing locators to reach out to those landlords.

Mr. PETERS. Okay. And on our end, I think the case managers is the answer. We have to make sure that that support system is provided, as well.

Mr. PECK. Absolutely.

Mr. PETERS. Thank you, Mr. Mr. Chairman.

Mr. ARRINGTON. Thank you, Mr. Peters.

And I would like to say as the chair for the Subcommittee for Economic Opportunity that I associate myself with much of what you said and what my colleagues on both sides of the aisle have said, which is what I love most about this Committee, I mean, we just somehow when you walk through these doors and when you are thinking about the customer, which is the veteran, you just put everything aside and you do everything you can to put America and our veterans first.

I appreciate the candor and thoughtful responses from our panelists and I appreciate your service to our veterans and our country in that regard.

One final comment before we conclude and have the next panel join us is, as an Economic Opportunity Subcommittee that oversees the Transitional Assistance Program, and I think comments were made repeatedly about sort of the ounce of prevention in transition, the assessment holistically of the veteran or the serviceman or woman coming out of active duty into civilian life, and all that we do to invest in time and resources to prepare these good Americans to defend us and our freedom and our allies, all that we do to prepare them to be warriors, and in my opinion, how little we invest to transition them so that quite frankly we don't need much of your services because we have done a good job on the front-end and we have made it as much of a priority to transition them and assimilate them back into civilian and to tap those skills that they have learned and those responsibilities that they have had. And we have rehabilitated where there has been trauma in their experiences.

So, I hope in the next year, and this is something that I have made known to this—my colleagues who are staffing the Committee, I want reform of the TAP program to be of the first and foremost priority for our Committee. And after some of our hearings that we have had on TAP, we know how much money we spend. We don't know what outcomes. They didn't have much to any outcome. It could be that they are doing a good job.

I have a sense from talking—listening to you and talking to folks back in my district that we can do a whole lot better. So I hope we can commit to transforming that program to really work on the front end. And so we have less drug addiction, less suicide, less homelessness, and joblessness from our hero's on account of a program that actually works. Maybe it is working, I don't know. There really wasn't much data to suggest it was, so a lot of this is just intuition.

Thank you, guys. You are dismissed. And we would ask that the second panel come and join us so I can introduce you, and we can get on with the second panel and the discussion.

In the interest of time, I am going to go ahead and make the introductions of our panelists. Joining us now this afternoon is Matt Miller, the Deputy Assistant Secretary for the Veterans Employment and Training Service of the U.S. Department of Labor.

And we have alongside of him Dominique Blom, the General Deputy Assistant Secretary for the Office of Public and Indian Housing of the U.S. Department of Housing and Urban Development. And also Dr. Thomas Lynch, the Deputy Under Secretary for Health and Clinical Operations for the Veterans Health Administration of the U.S. Department of Veterans Affairs who is accompanied by Dr. Keith Harris, the Director of Clinical Operations for the Homeless Program Office.

We thank you for joining us. And, Mr. Miller, let's start with you. You have five minutes for your opening remarks.

STATEMENT OF MATT MILLER

Mr. MILLER. Thank you, Mr. Chairman. Chairman Wenstrup and Arrington, Ranking Members Brownley and O'Rourke, and distinguished Members of the Subcommittee, thank you for the opportunity to provide a statement for today's hearings on veterans homelessness.

As a former chief of staff in the body, I want to personally recognize you and Committee staff for their tireless efforts to ensure that America fulfills its obligations to our current servicemembers, veterans, and their families.

My name is Matt Miller and I am the Deputy Assistant Secretary for Policy at the United States Department of Labor's Veterans Employment and Training Service, or VETS. I am also the Department's representative on the U.S. Interagency Council on Homelessness.

Secretary Acosta stands firmly behind our country's servicemembers and veterans. He has a clear goal that will assist our veterans in finding and keeping good jobs. For the Department, one veteran experiencing homelessness is one too many. We look forward to working with the Subcommittees in providing those who served our Nation with the employment support, assistance, and opportunities they deserve to succeed in civilian workforce.

Our partnerships throughout DOL extend VETS ability to achieve its mission, and bring all of DOL's resources to bear for America's veterans. One important component of VETS mission is the Homeless Veterans Reintegration Program, or HVRP, which provides grants to organizations to assist in reintegrating homeless veterans into meaningful employment. Grantees also provide wrap

around services to link homeless veterans with health care and housing opportunities provided by our partners.

While HVRP is like a canoe compared to the carrier-size programs that the VA and HUD offer, it serves a critical mission in ending homelessness among veterans. Each HVRP participant receives customized employment and training service such as occupational, classroom, and on-the-job training to address his or her specific barriers to employment.

The HVRP program succeeds because of the hard work and local connections of our grantees like U.S. VETS, but also because of the collaborative efforts of our government's partners at the Federal and state levels.

Two weeks ago I had the humbling experience of touring one of our grantees located along Skid Row in Los Angeles, California. While there, I heard about Jeremy, an honorably discharged Marine Corps veteran. He had been incarcerated for seven years and began working with our grantee Volunteers of America.

Jeremy's counselor worked with him to develop a career plan, and within four days of enrolling in the program Jeremy got a job with the SoCal Construction Company. And since starting, his wages have increased from $12 to $14 an hour. In fiscal year 2017, the HVRP program received an appropriation of $45 million that provided services to over 16,000 homeless veterans, with a placement rate of 67 percent, and an average salary of $12.88 an hour.

The fastest growing segment of the veteran population are women. HVRP funds are used to serve them along with veterans with families and incarcerated veterans. We also support standdown events where we partner with Federal and state agencies, local businesses, and social service providers which offer critical services to homeless veterans. Additionally, to assist with the Hurricane Harvey relief effort, VETS awarded $50,000 for three standdown events in Houston, Texas, serving a total of 756 homeless veterans.

I would be remiss if I didn't take this opportunity to highlight a significant challenge we face; the statutory definition of homeless veteran. If Jeremy, who I mentioned earlier, had first received permanent housing from one of our counterparts at 11:59 p.m. on Monday, he would not be eligible to apply for our programs at 12:01 a.m. on Tuesday, and, thus, not able to take advantage of our employment services.

Studies have shown that barriers to employment still exist after immediate housing needs are met, and individuals still run a risk of becoming homeless again. VETS' 2016 annual report to Congress proposes a solution to this, and I would like to work with you to further discuss how we can rectify this problem.

Chairman Wenstrup and Arrington, Ranking Members Brownley and O'Rourke, and distinguished Members of the Subcommittee, Department of Labor is committed to the goal of ending veterans homelessness, and we look forward to working with you, our Federal partners, and the Interagency Council to ensure the continuous success of our efforts.

This concludes my statement. Thank you, again, for the opportunity to testify today. I am happy to answer any questions you may have at this time.

[THE PREPARED STATEMENT OF MATT MILLER APPEARS IN THE APPENDIX]

Mr. ARRINGTON. Thank you, Mr. Miller. We now yield five minutes to Ms. Blom.

STATEMENT OF DOMINIQUE BLOM

Ms. BLOM. Thank you. Good afternoon. Good afternoon to you, Chairman Arrington, Chairman Wenstrup, Ranking Member Brownley, and Ranking Member O'Rourke, and Members of the Subcommittee. Thank you for this opportunity to discuss the efforts of the Department of Housing and Urban Development, and our Federal partners for ending veterans homelessness.

I am Dominique Blom, a Career Senior Executive and the General Deputy Assistant Secretary for the Office of Public and Indian Housing at HUD. My office is responsible for the HUD–VASH program.

HUD is committed to working towards the goal of ending veterans homelessness with our Federal and local partners by maximizing our collective resources. Thanks to funding from Congress and this collaborative partnership, we have made remarkable progress.

HUD's general homeless programs run by HUD's Office of Community Planning and Development provide about $2.4 billion annually to help homelessness primarily through permanent supportive housing. Ninety-seven millions of these funds serve approximately 17,000 veterans through the continuing of CARE program, including 10,000 veterans with disabilities. Thousands more veterans are served with rapid re-housing, emergency shelter, and other assistance.

My office administers the HUD–VASH program, which combines housing choice voucher rental assistance provided from HUD with case management and clinical services provided by the VA. This program is one of our most effective tools at reducing veterans homelessness.

Since 2008, over 131,000 veterans and their families have used a HUD–VASH voucher to move into safe, stable housing. And as of September, over 77,000 veterans were housed through HUD–VASH. Shortly, HUD will be awarding approximately 5,500 new HUD–VASH vouchers with the additional $40 million that was appropriated last year.

Although we have seen incredible results through the program, we continue to make changes to address local needs. First, HUD is changing the distribution of homeless veterans is between HUD and VA plan to develop a process to recapture unused HUD–VASH vouchers and reallocate them to high-need cities.

Second, we have awarded 4,700 VASH vouchers as project based vouchers, allowing for the development of affordable housing in high cost areas.

Third, we are encouraging public housing authorities to project base their existing HUD–VASH vouchers, which was made easier through the Housing Opportunity Through Modernization Act of 2016. These efforts demonstrate our commitment to optimizing the effectiveness of HUD–VASH while also allowing for local flexibility in addressing homeless veterans population.

Building on the success of HUD–VASH, Congress appropriated 5.9 million in 2015 for the Tribal HUD pilot program to begin addressing veterans homelessness in Indian country. As of last week, 299 Native American veterans were receiving case management, and of those, 234 were already housed under the program.

One of the lessons learned from the Tribal HUD–VASH demonstration and the Indian housing need study is that homelessness looks different in Indian country. As tribes face severe housing shortages, close family ties often result in overcrowding as families live with other families.

The tribal HUD–VASH program has become instrumental in getting entire families into appropriately sized homes. When Army Infantry Specialist Jeremiah Miguel of the Tohono O'odham Nation returned to his reservation in Arizona, he found himself sharing one room with his girlfriend and six children. But after receiving a HUD–VASH voucher, his family now lives in a four bedroom apartment.

While most communities across the country showed a decline in veterans homelessness, sharp increases were in a few areas with extremely high housing costs needs, and that led to the overall increase. Based on the 2017 point-in-time count, veterans homelessness increased by 1.5 percent between 2016 and 2017.

But the larger story here is that veterans homelessness has declined by a historic 46 percent since 2010. And the results are largely due to the success of the HUD–VASH program, perhaps one of the best examples of Federal partnership.

Together, HUD and the VA and the U.S. Interagency Council on Homelessness have implemented a joint decision-making structure to administer the programs and policies related to HUD veterans homelessness. We have also jointly created a set of standards to evaluate whether communities have ended homelessness.

And since 2014, more than 880 state and local officials have set the goal of ending veterans homelessness. And as of January 11th, 60 communities across 30 states have achieved this goal. This is an amazing accomplishment.

In conclusion, we must continue to find ways to maximize the effectiveness of HUD–VASH program and to continue to work collaboratively to bring critical housing and health resources to veterans while also assisting communities in utilizing all available homelessness assistance resources. Thank you very much for facilitating this work. And I welcome any questions you may have.

[THE PREPARED STATEMENT OF DOMINIQUE BLOM APPEARS IN THE APPENDIX]

Mr. ARRINGTON. Thank you, Ms. Blom.

Dr. Lynch, you now have five minutes.

STATEMENT OF THOMAS LYNCH, M.D.

Dr. LYNCH. Thank you. Good afternoon, Chairman Wenstrup, Ranking Members and Members of the Subcommittees. I appreciate the opportunity to discuss the VA's commitment to ending homelessness among veterans. I am accompanied today by Dr. Keith Harris, who is director of clinical operations for VA's Homeless Programs office.

Let me state up front, VA remains committed to ending veteran homelessness, and is working in close collaboration with our partners to ensure that veterans have permanent, sustainable housing with access to high quality health care and other supportive services.

VA and our partners at the Department of Housing and Urban Development and the U.S. Interagency Council on Homelessness have developed systematic protocols for ending veteran homelessness which include the identification of all veterans experiencing homelessness, the ability to provide shelter immediately, and the capacity to help veterans swiftly move into permanent housing.

The number of veterans experiencing homelessness in the United States has declined by nearly one half since 2010. This is an unprecedented decline both as it relates to ending homelessness in this country and in comparison to other public health efforts.

To date, 60 communities across 30 states have achieved the goal of effectively ending veteran homelessness. Over 600,000 veterans and their family members have been assured housing through HUD's targeted vouchers and VA's homeless programs.

VA has dramatically increased the number of services available to veterans that focus on housing, clinical care, and social services, as well as resources aimed at preventing homelessness. Overall, the message is positive and important. Communities, in partnership with VA, are preventing and reducing veteran homelessness.

Recently, VA proposed a reallocation of specific purpose to general purpose funding. This shift did include funding in support of the HUD–VASH program. The goal was to give facilities greater flexibility in the effective use of their budget to reduce homelessness, reflecting local variations in the use of resources. This, unfortunately, resulted in unnecessary confusion. Please, be assured that our commitment to veteran homelessness remains unchanged.

There will be no change in funding to support our homeless programs until we solicit further input from our congressional colleagues, our external stakeholders, and local VA leaders. Over the next several months VA will engage in a formal interagency process to solicit further input to ensure that any realignment of funds best supports our Nation's veterans.

VA's way forward is to work with Federal partners to implement our interagency strategic plan to end veteran homelessness. Important objectives include enhancing integrated services for homeless veterans struggling with suicide risk and substance abuse; addressing high need communities by recapturing and reallocating available resources; emphasizing efforts to improve employment outcomes; and fully committing to coordinated entry efforts in local communities.

To expand on these objectives, 57 percent of veterans who are at risk of homelessness or are currently homeless have a mental health diagnosis, and 46 percent have a substance use disorder. Our homeless program is working closely with our mental health and suicide prevention offices to respond to these clinical priorities.

VA's efforts must comprehensively be linked to all community efforts as well, we heard this in the first panel. One size does not fit all when it comes to ending homelessness.

All VA medical centers are now required to work with their local communities to develop and operate a coordinated entry center and system for all homeless individuals including veterans. This ensures coordination of community-wide services for veterans experiencing homelessness, system-wide awareness of available housing and services, and easy access to an appropriate prioritization for these resources.

After six years of consistent progress, HUD's 2017 point-in-time count shows a continued decline in homelessness in most communities, but stalled progress in others due largely to high rent and low vacancy rates. We are continuing to promote development of affordable and permanent supportive housing, and are working with all partners to encourage efforts aimed at financing and developing additional housing stock.

When veterans are at risk for homelessness, VA and its Federal, state, and community partners must work together to rapidly connect them with appropriate assistance to provide housing stability. Sustaining the momentum and preserving the gains made so far requires continued attention, collaboration, and investment of financial resources.

Mr. Chairman, this concludes my testimony. My colleague and I are prepared to answer any questions.

[THE PREPARED STATEMENT OF THOMAS LYNCH, M.D. APPEARS IN THE APPENDIX]

Mr. ARRINGTON. I thank the panelists for their remarks. We are going to go in reverse order. Mr. Higgins, you are prepared to ask questions, I am going to defer to you for five minutes. The gentleman from Louisiana.

Mr. HIGGINS. Thank you, Mr. Chairman. I thank the panelists for appearing today regarding this crucial issue that challenges our Nation.

Mr. Miller, I particularly would like to ask you, sir, and I thank you and Secretary Acosta for your dedication to the Department of Labor. To what extent does DOL and Veterans Affairs coordinate homelessness programs by job training to prevent unnecessary duplicative process?

Particularly asking because one of our challenges, as we have heard today from both panels, is funding. And in the effort to protect the people's treasure and yet provide the needed services for our veterans, it is, you know, we are duty-bound to find areas where there are duplicative services that may not be necessary.

So to what extent does the DOL and VA coordinate programs? And, are there similar programs operated by DOL and VA that absolutely need to be operated separately? Would you address that, Mr. Miller?

Mr. MILLER. Well, Congressman, of course. As I stated in my testimony, or oral statement, we do a collaborative effort very much so with the VA, with HUD, with FEMA, with other organizations as well as U.S. Intercouncil on Homelessness. But when a grantee for an HVRP program puts forth an application one of the things that they have to have in that application is a strategy of how they are going to work with agencies such as VA and HUD and overcome housing and health care needs of the individual.

We use things such as the VA supportive services for veterans families, that is [indiscernible] VA's Grant Per Diem program, HUD's veteran affairs, supportive housing, the HUD–VASH program that was mentioned, or continuing of care. In addition to the—you mentioned about the Federal level, but we also work with states and local levels who do that as well as our grantees.

You know, we provided about $45 million for grantees all over the country nationwide in both rural and urban settings for 155 grantees all over the country, and we also urge them to work together. I mean, that is what makes our program such a success is the collaborative efforts between our grantees and our partners.

Mr. HIGGINS. Thank you for that very thorough response. I am going to shift gears in the remaining time regarding the services provided for incarcerated veterans. It is a good program. How is funding and staffing for that? Are you able to touch the local, state, and Federal jails where veterans are incarcerated and provide these services? Just give the Committee, please, an overview of where you are on that program.

Mr. MILLER. Well, yes, sir. We provide an incarcerated veteran's transition program that we use where we provide grants to incarcerated population. Fortunately, there—we are aware that there is—this could be duplicative of what exists in states as well as correctional—department of corrections within states. So that is something that we take into consideration. But we do provide grants for folks to go in and work with incarcerated veterans.

Mr. HIGGINS. Thank you again for that answer. I yield the balance of my time, Mr. Chairman.

Mr. ARRINGTON. Thank you, Mr. Higgins. We now yield five minutes to Mr. Peters.

Mr. PETERS. Thank you, Mr. Chairman, for calling on this end of the bench. It is a little like Christmas in January, I appreciate that.

I had some questions for Ms. Blom, if I could, about the HUD–VASH, as I think you heard the comments I made before to the previous panel. Are there any actions that HUD is taking to address the mortgage and rental cost disparities in high cost markets with the HUD–VASH voucher program?

Ms. BLOM. Yes. Thank you very much for the question. We definitely have seen, particularly in west coast cities, those in California as well as in Seattle, that there has been an increase in veterans homelessness, largely driven by decrease of affordable housing and high costs of living in those cities.

So we have recognized this. We do believe that there are some potential solutions here. First, we believe that it is important for housing authorities to be working with their partners to project base these vouchers.

Mr. PETERS. Right.

Ms. BLOM. And now VASH vouchers can be used as project basing, and made much easier as a result of changes Congress made in 2016. And we will continue to encourage the project basing of these vouchers so that there is a development of affordable housing, and it is available long term for veterans.

Secondly, we are also changing and allowing housing authorities flexibility for their payment standards. So they can go above a cer-

tain amount that HUD generally provides for housing, going above that in these high cost areas.

And then, third, we are also encouraging that housing authorities provide additional landlord outreach. Finding those landlords that will be more willing to serve veterans.

Mr. PETERS. And I know there is a cap on the project based vouchers of 20 percent, is that something you are considering raising, or, if not, why not?

Ms. BLOM. So just in the last two years, HUD now has the flexibility to allow housing authorities to go above that 20 percent cap. So HUD–VASH vouchers are part of that pool of vouchers that housing authorities now can project base without any need for approval from the department.

Mr. PETERS. So that decision is made at that local level?

Ms. BLOM. Yes, that is.

Mr. PETERS. Okay. Great. And can you tell me why the HUD–VASH vouchers expire at 120 days? Have you ever considered extending that?

Ms. BLOM. When we say that it expires, it expires for that particular servicemember.

Mr. PETERS. Right.

Ms. BLOM. That voucher then would go back to the housing authority and that housing authority, once it receives a referral from VA, would be able to reissue that voucher. But I think what you are asking, is there a possibility to extend the 120 day period for that particular veteran, we will look into that and see if that is possible.

Mr. PETERS. And I understand there might be a reason to do that, you want to put some urgency behind it. But, of course, in a tough market it may present different circumstances, I don't know.

Mr. MILLER. Precisely. We will look into that.

Mr. PETERS. Are you satisfied that local agencies are taking advantage of this flexibility about project basing vouchers? And, if not, is there a way that we can help them understand the benefit of that?

Ms. BLOM. Uh-huh. So I think, particularly in LA, we are going to have concentrated efforts occurring there. We were a little taken aback by the increase in the point-in-time count for veterans homelessness in LA. We know we need to do concentrated outreach to the housing authorities in the LA region to talk about targeted ways that we can be increasing the success rate of VASH vouchers there, and project basing is certainly one of those solutions.

Mr. PETERS. Okay. I really appreciate the testimony. Thanks for being here. And we want to encourage your continued attention to housing the veterans that we have on the streets, and we will look forward to working with you on that.

Ms. BLOM. Absolutely.

Mr. PETERS. Mr. Chairman, I yield back, thank you.

Mr. ARRINGTON. Thank you, Mr. Peters. We now yield five minutes to our Health Committee Subcommittee chair Mr. Brad Wenstrup.

Mr. WENSTRUP. Dr. Lynch, question for you. How many veterans getting out of DoD are homeless within the first five years or so?

Dr. LYNCH. I honestly don't have the answer to that, sir. Dr. Harris, do you have a quick estimate?

Dr. HARRIS. I don't have an estimate, but we have a work group that works with DoD, VBA, and others looking at the transitioning servicemembers from DoD and following them down to VA and assessing homeless rates. But we are very early in that process.

Mr. WENSTRUP. So you are in the process. Because I think it is a key number to figure out, right? What is the problem here, you know, why does this occur? It kind of reminds me, you see situations of a child who presents the emergency room every three weeks or so with a cough, you treat the cough, and then they get a little better, and three weeks later they are back with the same cough.

At some point you want to go into the home and figure out why they are getting cough, and that is where you find that there is mold growing, or whatever the case may be. So this is important information, especially because it is current and it is now. So this goes back to what we want to do, or considered doing, in the transition process.

So if the majority of people are homeless within the first three years, you know, why did that happen? What was missing from when they left that we can get them on the right track before they even take off the uniform? So I hope that this is something—and you can affirm this or not—that you are definitely trying to track as best you possibly can. I know that sometimes those numbers are hard to track people when they leave, but as best you can I hope that that is the process taking place.

Dr. LYNCH. And may I just make a couple of follow-up statements?

Mr. WENSTRUP. Sure.

Dr. LYNCH. I think, number one, it really emphasizes the importance of prevention, which is a process that our homeless program is really focusing on now. Two aspects of that; one, preventing veterans going back into homelessness, and, second, preventing veterans getting into homelessness.

Secondly, I would just like to emphasize that we have initiated two programs now, initially focused on suicide prevention, but easily converted, if there is an opportunity. One is called Concierge for Care, where we are actually reaching out to veterans after they transition, offering them help in terms of completing the enrollment process, and offering them the opportunity to schedule an appointment at their VA.

Mr. WENSTRUP. So—

Dr. LYNCH. The President's recent executive order also focused on the transitioning servicemember. And that is going to begin taking a look at how we begin to provide services to that transitioning servicemember and also how we begin to integrate with DoD, which is another point that has come out throughout this hearing.

Mr. WENSTRUP. Yeah. So what we are interested in, as you can tell, is moving that timeline. Okay? Not until after the problem exists, but how can we get there before it exists to make sure that it doesn't. And so my question is, do you have—at this point is, do you have walls in front of you, from DoD or whoever, or whatever the case may be, something we need to fix here? Are there things,

obstacles, in your way to achieving that goal of getting as close as you can to the veteran as soon as you can?

Dr. LYNCH. I think we are in a position now, that is probably better than we have ever been, to collaborate with DoD and to begin to look at how we provide services to the transitioning servicemember. To begin to address problems, whether it is suicide prevention or homelessness, before we reach a critical point, treating them earlier before they get to homelessness or suicide risk.

Mr. WENSTRUP. Can you describe the relationship that is starting to form then between VA and DoD?

Dr. LYNCH. We have recently recruited within our suicide prevention program Dr. Keita Franklin who comes directly from DoD, and is going to be helping us reach out and collaborate with DoD, and integrate the programs that both VA and DoD have.

Mr. WENSTRUP. And just real quick. It has been said in your testimony that some communities have zero homelessness, or net zero homelessness, so what does that mean for the future? Does that mean we don't need to do anything more in those communities, or is this, in your opinion, a constant light that needs to be on?

Dr. LYNCH. I think it gets back to the whole issue of zero homelessness. I don't think we are going to get there because I think it is a continuing problem. We have to continue to be on the alert for homeless veterans. We have to be able to provide them immediate shelter, whether that is transitional housing or permanent housing. And we have to provide them the wrap around support that keeps them in housing and keeps them from going back to homelessness. I think it will be an ongoing effort.

Mr. WENSTRUP. Thank you. I yield back.

Mr. ARRINGTON. Thank you, Mr. Chairman. I now yield five minutes to my Ranking Member and friend, Beto O'Rourke.

Mr. O'ROURKE. Thank you, Mr. Chairman. Dr. Lynch, a couple of the witnesses on the previous panel, including Mr. Martin from El Paso, mentioned case manager to client ratios that are way out of whack from best practices. That it should be 1 to 25, Mr. Martin mentioned El Paso he may have 1 to 200, 1 to 250. What is the answer to that? Who is responsible and how do we get that back down to a manageable level? You just mentioned—you ended your answer to Dr. Wenstrup by talking about the importance of wrap around services, so how do we make sure that we are following through on that?

Dr. LYNCH. I think what was apparent to me when I listened to the first panel was that there is no correct answer. There are unique opportunities in every community and we need to understand those.

Mr. O'ROURKE. Should we be a 1 to 25?

Dr. LYNCH. I think we—I don't know what—

Mr. O'ROURKE. Is that open for debate?

Dr. LYNCH [continued]. —the right ratio is, Congressman. I think we need to understand the community, we need to understand the veteran. Some veterans may, in fact, need greater support than other veterans.

Mr. O'ROURKE. So we don't have a bench mark, then I don't know what to measure against, and I don't, you know, give me a little bit of context. I feel like they made a very good case that hav-

ing active case management improves the likelihood that a veteran is going to transition out of homelessness. You seem to dispute that there may be a benchmark.

Dr. LYNCH. I don't think I am disputing the need for case management, I think I am saying that trying to put a number on it is a difficult thing—

Mr. O'ROURKE. If you don't put a number on it, we can never measure it, we will—

Dr. LYNCH [continued]. —because veterans are—

Mr. O'ROURKE [continued]. —never know how you are doing—

Dr. LYNCH [continued]. —individual—

Mr. O'ROURKE [continued]. —we will never put the resources to it.

Dr. LYNCH [continued].—and some veterans may actually need greater support. And as veterans become more acclimated to home, and to employment, and to community, they may need less support.

Mr. O'ROURKE. Okay. Well, I would love a better answer from you and the VA, and so I will submit that for the record. And I hope you can get me back something that we can measure and act upon. Otherwise, we are just taking subjective measurement, or it is different in each case, and I don't know that we are going to get the resources to those community providers who are telling us—you just heard them right now saying that they don't have what they need to take care of these veterans and improve their chances of escaping homelessness, and living to their full potential.

I am going to switch to a different subject. Many of the panelists also mentioned the connection to access to health care. There was a recent announcement by the President and the Secretary of the VA about improved access to mental health care. I want to ask you, does that specifically include veterans who have an other than honorable discharge? And by extension, will that allow those veterans who have a bad paper discharge to access the HUD–VASH voucher program which today they cannot?

Dr. LYNCH. Right now we are aiming to try to focus on every veteran who is transitioning. Right now we can address about 40 percent of them because of eligibility. We are going to need to explore the issue of other than honorable and dishonorable, and how we are going to address those veterans.

I think there is an opportunity working with HUD to give vouchers to veterans with other than honorable discharge because we can work with the community to provide the wrap around services. We also, I believe, have the opportunity to work with SSVF to provide care for veterans who may receive other than honorable discharge.

Mr. O'ROURKE. Okay. And I just want to make sure I nail down the specifics in your answer. Will veterans who have an other than honorable discharge be eligible for the HUD–VASH voucher program?

Dr. LYNCH. Mr. Blom, do you want to?

Ms. BLOM. Yes, thank you. I can address that. We have had a partnership with VA to start piloting a program to have a portion of those HUD–VASH vouchers serve other than honorable discharge members. And this is decided on the local level with the VA medical center as well as a continuum of care partner that provides

then those wrap around services, the case management, and then that referral is come to the local public housing authority. We, today, have two housing authorities in localities that are participating in this pilot, and we are hoping to expand it in the future.

Mr. O'ROURKE. How many veterans who have an other than honorable discharge status are participating in this program, in this pilot program?

Ms. BLOM. I will be able to get that information back to you after this hearing.

Mr. O'ROURKE. Okay. I appreciate that. And I just—

Dr. LYNCH. Congressman, would mind if Dr. Harris just commented briefly on El Paso?

Mr. O'ROURKE. Not at all. Yeah, please.

Dr. HARRIS. I appreciate the question about the staffing, and understand the concerns about that. And I don't want to speak for the prior panelists, but I don't believe he was speaking about the HUD–VASH program in speaking about a 200 to 1 ratio, that does not exist in our program.

The positions are funded on roughly a model of 1 to 25, medical centers do have some leeway within that. Instead of hiring one GS–12 social worker, they might hire two peers, for instance, a GS–6, something like that. El Paso is actually at 100 percent staffing, it is one of the rare medical centers that is. So staffing is not a challenge there, their vouchers are reasonably well utilized as well.

Mr. O'ROURKE. So the point that I took from that, and I will cede to the Chair, is that there are not enough resources dedicated to support services which includes funding the appropriate case manager to client ratio, and it is making it harder for those providers to extend mental health care, transportation, family care to their clients that in turn helps them to transition out of homelessness.

So if I am using the wrong nomenclature or the wrong measure, let me know. I just want to resolve the discrepancy between you saying, we have got everything filled and John Martin saying, we are at 1 to 250. Somewhere there, there is a breakdown, and I would love to find out who is responsible. Not to punish them but to make sure that we get the resources to those who are providing the care in the community where there is a gap right now.

And I just want to thank the previous panel for hanging out, it looks like we are going to wrap this one up soon. The fact that we are all in the same room, maybe we can quickly get together and resolve what the discrepancy is, and come up with a solution for El Paso and some of these other communities, so. I will yield back to the Chair. Thank you.

Mr. ARRINGTON. I thank the Ranking Member, and that is an excellent line of questioning. I will yield five minutes now to the other Ranking Member for the Health Committee, Ms. Brownley.

Ms. BROWNLEY. Thank you, Mr. Chairman. And thank you, Dr. Lynch, for stating on the record that there will be no VASH funding transferred to general purpose funds.

Dr. LYNCH. Can I also just add the corollary that the Secretary is committed to getting input not only from our Federal partners but also from our community partners as well, and our stakeholders. I think, this program is now ten years old, and I think it is time that we need to have a critical reevaluation.

And I think what I took from the first panel was the fact that there are different ways to manage problems in different communities. We need to hear that, we need to understand it, and we need to figure out how we adapt our programs to be more effective.

Ms. BROWNLEY. I couldn't agree more, and I welcome that interaction with our community partners and hope to have the discussion here as well, so. But thank you for stating that on the record because I think that people were concerned that that was happening today, so.

Anyway, I wanted to go back, we have been talking a lot about the HUD–VASH vouchers, I represent a little bit of Los Angeles County but I represent all of Ventura County, and we have the issue of expensive housing, that is an issue for us. What another issue has been is that our housing authority in the City of Ventura has been told by the VA that the vouchers can only—they have some outstanding vouchers and right now I think the City of Ventura is only using 67 percent of the vouchers that are allocated to them, or the funding allocated to them.

So what the VA has been telling them is that those vouchers can only go to chronically homeless veterans. And, you know, I want to know whether that is true or not. I mean, if it is true, you know, to be chronically homeless you have to be, you know, out on the street for a long period of time, it is almost like you have to be on the street for a year before you could even qualify to be chronically homeless, at least based on my understanding of that definition. So could you speak to that?

Dr. LYNCH. I am going to ask Dr. Harris to speak for VA to begin with.

Dr. HARRIS. Sure. And unlike the last question, we do concur on the numbers here. Our number is 70 percent utilization, but it is clear that utilization is low in Ventura County, and part of that is a result of lower staffing in that area than we would like, and there is aggressive efforts right now to recruit for that.

In the terms of the question about chronic homelessness. It is true that HUD–VASH is targeted to the chronically homeless population, that is the population that most needs that kind of intensive support. It is not true that vouchers can only be allocated or given to chronically homeless. That is a message we need to correct with that medical center, and we will.

Ms. BROWNLEY. Well, we don't have a medical center in the County of Ventura, but—

Dr. HARRIS. Sorry, greater LA and then through that—

Ms. BROWNLEY. Okay. Very good.

Dr. HARRIS [continued]. —through the supervisory chain is what I mean.

Ms. BROWNLEY. Okay. Very good. Very good. So, I think clearing that up will be very, very helpful. So, and I do, you know, applaud, Ms. Blom, what you were talking about in terms of using the vouchers or unused vouchers for project based projects as well as high need areas. I think that that, you know, providing that flexibility is very good. But I want to make sure that in a county like Ventura County that they can utilize their vouchers, because the need is there, before they would give up those vouchers to another area.

But I wanted to follow-up on Mr. Peters' line of questioning with the project based opportunities. He was saying it is capped at 20 percent, but you are saying that that is eliminated, so a local housing authority, local government can decide, no, we want to use all of our vouchers for a project based?

Ms. BLOM. Housing authorities can use all of their HUD–VASH vouchers for project basing, there is no longer a cap on that measure. So housing authorities have that—

Ms. BROWNLEY. And that information is out to housing authorities across the country?

Ms. BLOM. We believe it is.

Ms. BROWNLEY. Okay.

Ms. BLOM. But if you have specific instances where you believe we have not communicated that, we are happy to reinforce the point.

Ms. BROWNLEY. Well, it is the first I heard it today, so I will certainly check in with our housing authorities to see if they understand that. And in terms of homelessness in high cost areas. So has there been any conversations about raising, you know, raising the level of the voucher so it can be competitive in these expensive marketplaces?

Ms. BLOM. Yes, we have been talking about that. We currently allow housing authorities to go up to what we call 110 percent of the payment standard. And where housing authorities believe they need even more flexibility to go above that, we will consider that on a case by case basis. And I think housing authorities in these high need high cost areas would be able to make a compelling argument for that.

Ms. BROWNLEY. And is there anything new coming forward in terms of addressing suicide, but particularly for female veteran suicide, which we know is—it is 20 times higher than the rate of suicide attempts on—excuse me—the suicide rate amongst women veterans is exponentially higher than suicides amongst civilian women.

And is there anything new in terms of trying to address homelessness for women, and certainly homelessness for women and their children? Any new opportunities? I know I have a bill, there are other bills out there, but is HUD looking at other opportunities?

Ms. BLOM. So, at this point, the department has not targeted an additional population specifically to focus on. And our current areas of focus don't include women veterans at this point, but just recently there had been conversations within HUD about trying to look to see what kinds of resources we could potentially dedicate for female veterans.

Ms. BROWNLEY. Thank you. Dr. Lynch, do you have any comments?

Dr. LYNCH. I would just add that VA is in the process of re-engineering its suicide prevention program. We will continue our emphasis on those at immediate risk, but try to move a little further to the left to understand those groups that may be at high risk for suicide. And women certainly would be included in those high-risk groups as are homelessness, and the goal is to begin to focus outreach to those groups that could potentially become at risk for sui-

cide over time. So I think, yes, VA is beginning to look at this, and they are beginning to look at it in terms of targeted populations

Ms. BROWNLEY. Very good. I am over my time, again. I apologize, and I yield back.

Mr. ARRINGTON. I want to thank the gentlelady for her questions. And now yield five minutes to Mr. Takano.

Mr. TAKANO. Thank you, Mr. Chairman. Mr. Lynch, as we have heard from service providers earlier this morning, the HUD–VASH program is very successful at housing veterans and given them the support services they need. In communities all across the country, including mine, the HUD–VASH program is helping veterans rebuild their lives. My colleague from Pennsylvania, Representative Boyle, has a bill to improve oversight of HUD–VASH contracts.

It is a straight forward bill that requires the VA to give notice to Congress before a contract expires to help prevent lapses in service for veterans. It is supported by several VSOs including AMVETS, VVA, DAV, and PVA. Dr. Lynch, are you familiar with this bill?

Dr. LYNCH. Only vaguely, having heard about it this morning. But I think VA looks forward to reviewing that bill and to providing feedback, but we don't have specific positions right now.

Mr. TAKANO. Well, just can you tell me, as to the core intent of the bill, do you agree that Congressional notification is a straight forward fix to help reduce lapses in service for veterans?

Dr. LYNCH. Without having looked at the whole bill, Congressman, I am really reluctant to comment or commit at this time.

Mr. TAKANO. Well, I am not asking you to agree with the whole bill but just the principle of a timely notification to Congress that a program could lapse, or funding would lapse, just so that our oversight role is somewhat, I think, enabled here.

Dr. LYNCH. I would submit that I think it is always important to communicate with our Congressional colleagues, particularly with issues that arise in their district.

Mr. TAKANO. Well, with regard to homeless services that are about to lapse, that are about to, you know, because funding is expiring, shouldn't Congress know about that? Shouldn't Congress be informed that, hey, this program is about to end or run out of funding here, shouldn't we be notified about that?

Dr. LYNCH. I guess I am trying to understand, does this bill relate to the review that recently occurred of some of our homeless programs and the fact that some did not—

Mr. TAKANO. Well, [indiscernible], maybe I shouldn't say funny, but shouldn't—it requires notice to Congress before a contract expires to help prevent lapses in service to veterans. So it is about a contract expiring not funding expiring, but a contract expiring with a provider.

Dr. LYNCH. At this point, I guess I am going to have to defer and say until we have had a further chance to look at the bill I am going to reserve my opinion at this time.

Mr. TAKANO. Okay. Well, thank you. Well, thank you. Let me just move onto another question. In October 2013, the VA identified approximately 168,000 enrolled veterans with an HCV diagnosis. And give the diagnosis—and given the advancements, given the advancements in Hep C treatments as of March 2017, VA has

been able to successfully treat more than 84,000 veterans.While VA continues to work through the list of known veterans, what is VA doing to identify the untreated pool that may still exist out there, specifically, at risk homeless veterans?

Dr. LYNCH. We are actively working in the communities with our VSO partners to try to encourage veterans to come forward for testing. This is our current emphasis right now, to try to increase outreach so that we can identify those veterans who have not come forward to be identified.

Mr. TAKANO. All right. Well, thank you. I assume that there is adequate resources to be able to try and find these veterans that are still untreated.

Dr. LYNCH. We are actually successfully partnering with a number of our VSO associates to try to encourage that outreach into the community.

Mr. TAKANO. Well, in early 2017 Secretary Shulkin laid out his top five priorities for VHA. These included, one, greater choice; two, modernizing the system; three, strengthening foundational services; four, timeliness with services; and, five, suicide prevention.

Of note, given the topic of this hearing is the fact that homelessness is missing. Since late 2009, VA secretaries have made homelessness a priority, and as a result, veterans experiencing homelessness have been cut down—have been cut nearly in half.

In 2017, HUD's annual survey found that veteran homelessness had increased by 1.5 percent over 2016 figures. Do you believe the agency's downgrading of veteran homelessness from its top priorities is having a direct impact on its ability to help this at risk population?

Dr. LYNCH. I honestly don't believe the agency has downgraded the emphasis on homelessness, Congressman. I think we continue to have a strong emphasis on identifying and treating our homeless veterans.

Mr. TAKANO. Well, even as veteran homelessness has increased 1.5 percent over 2016 figures, and the Secretary has not included this in his top priorities, you can say that with a straight face to me?

Dr. LYNCH. Yes, I can, sir.

Mr. TAKANO. Can you back that up? One point five percent over the 2016 figures. The facts contradict what you are saying to me.

Dr. LYNCH. I think what we know is that there have been circumstances in certain communities that relate to high rent, the decrease availability of housing that we are working on aggressively, but I think VA continues to be committed to the homeless program and to—and basically to ending—not ending, but addressing homelessness among our veterans. Yes, I do, Congressman.

Mr. TAKANO. Well, I would say that these statistics show otherwise, and I have not—I am not satisfied with your answer, sir.

Dr. LYNCH. I am sorry.

Mr. TAKANO. I yield back.

Mr. ARRINGTON. Thank you, Mr. Takano. Are there any other follow-up questions from my colleagues? I am going to go ahead and take a few minutes and follow up with some questions.

What you mentioned, Dr. Lynch, the term "permanent housing," explain what that means.

Dr. LYNCH. Right now there are two options when we house veterans, and I may ask Dr. Harris to expand on this a bit. There is a process by which we put a veteran into transitional housing, surround the veteran with supportive services, and then attempt to move the veteran into permanent housing on a long term basis. There is another model called Housing First where we try to move the veteran into a permanent housing situation and wrap the services around him at that time.

Mr. ARRINGTON. So I am going to ask you the same question I asked your partners, your community partners. What is success when it comes to addressing homelessness in the veteran community?

Dr. LYNCH. I think success can be defined as identifying a home for veterans, number one. Putting the services in place to keep that veteran in a home, and trying to find employment to make that veteran self-sufficient moving forward. And, finally, I think it is having an aggressive prevention strategy that keeps veterans in the home and prevents new veterans from entering homelessness.

Mr. ARRINGTON. I think that is well articulated, those sort of stages of success. And, ultimately, the outcome seems, desired outcome, is that there is a self-sustainability and self-efficiency. What is the rate of success with respect to the ultimate outcome, desired outcome, for everybody I have listened to in this discussion which is self-sustainability of the veteran?

Dr. LYNCH. Keith, would you like to give an answer to that with some better numbers that I might be able to give?

Dr. HARRIS. Well, if I am following your question, are you asking for a percentage that, for instance, is housed and sustain that without a subsidy, for instance?

Mr. ARRINGTON. Yeah, exactly. So you identify this person as homeless, this veteran, you have done this necessary wrap around services to stabilize or rehabilitate, and you have transitioned him through some temporary assistance, and now they are completely self-sufficient.

Dr. HARRIS. Sure. And it is an incredibly important question, especially as we look at the long term sustainability of our efforts. A couple things, there is a million ways we can go with that, let me just cover a couple of them.

Mr. ARRINGTON. Just give me one.

Dr. HARRIS. Okay. Well, the first one is, if you look, for instance, at our Grant and Per Diem program, which is the largest of our transitional housing programs by far. Two-thirds of the veterans that exit to permanent housing do so with no subsidy. Without a HUD–VASH voucher, without a rapid rehousing assistance. I think that is incredibly important, that is why you heard such emphasis, especially, for instance, from Mr. Peck in U.S. VETS, which is a big one of GPD providers about the importance of employment. So that is one place that we are seeing independent—

Mr. ARRINGTON. Which program is that?

Dr. HARRIS. That was Grant and Per Diem.

Mr. ARRINGTON. Okay.

Dr. HARRIS. So my point being, there are successes through these programs that are not requiring subsidy.

Mr. ARRINGTON. Could you give me the same ultimate outcome measurement for all the programs within your—

Dr. HARRIS. Not off the top of my head. But, yes.

Mr. ARRINGTON. But you do have them?

Dr. HARRIS. We could get that, yes.

Mr. ARRINGTON. Okay. I would like for you to submit to the Committee for the record the outcome of self-sufficiency once you have identified a homeless veteran and you have had them matriculate through whatever program that you have—

Dr. HARRIS. Sure.

Mr. ARRINGTON [continued]. —that you are responsible for.

Dr. HARRIS. If I could add one-

Mr. ARRINGTON. Yeah.

Dr. HARRIS. —one piece. I am interpreting this as primarily a question about employment, it may not be entirely that. Employment is not a goal, not necessarily a feasible goal for everybody we serve. About a third of the veterans we see are disabled at the point of assessment. If you add in retired, or volunteers, or students, that number gets up much higher in, for instance, in the HUD–VASH program.

Mr. ARRINGTON. So maybe the way to do it is, those that are able to be self-sufficient, what is our success rate?

Dr. HARRIS. Sure.

Mr. ARRINGTON. Because I recognize that there are situations where they are not.

Dr. HARRIS. Roughly half of the veterans exiting our programs [HKW(1]or in HUD–VASH who are able and searching for it, do, in fact, obtain employment. So that is a sizable chunk, but it is not everybody, and we would like that to be higher.

Mr. ARRINGTON. For everybody, what are the accountability—and I am not picking on anybody, I just think we have to define success, we have to measure that, and then to know which of the 20-some-odd programs are working, and where we can—and I am not against spending more money if a program is working towards our desired outcome to get veterans the help they need and self-sufficiency. But in addition to those things, and the right partners—and by the way, I do think, at least for me, those who are closest to the problem are going to be best able to solve that, and so I put a lot of faith in the community partners in regard to these programs and the programs' success.

But another driver in success of affective programs and services would be accountability. And that is the accountability of the panel that proceeded you all, and that is the accountability of the veteran and what they are asked to do, and what eligibility. Sort of whether it is time limitations, or work requirements, or whatever it is, could you talk about just the accountability measures built into this with respect to the key stakeholders, our veteran and our community partners and providers? Start with you and just go down the line, and then I will wrap up.

Mr. MILLER. Okay, Mr. Chairman, thank you. With HVRP programs, there is accountability built in. We monitor our grantees on a regular basis and subject them to just criteria. And if they don't meet the criteria, we set them up on an action plan, corrective action plan, to make sure that we work with them, that we partner

with other folks to work with them, and to make sure that they deliver the services that are needed to the specification of the grant in which we gave them money for. At VETS and HVRP, you know, we don't measure homelessness as much as we measure how many people get a job.

Mr. ARRINGTON. Employment, uh-huh.

Mr. MILLER. And so for the Secretary, you know, he talks about jobs, jobs, jobs, and that would be our goal. You know, the basic goal of Department of Labor is making sure veteran homelessness is rare, non-reoccurring, and brief.

Mr. ARRINGTON. And over 60 percent job placement is what I understand it.

Mr. MILLER. Yes, sir, 67—

Mr. ARRINGTON. That is remarkable. I must say that I was blown away by that statistic, I would like to drill down at another time. But if that is, in fact, the success rate, then I think we have identified at least one program that we might want to make even greater investment in, because ultimately you can't sustain a home if you don't have a job. So kudos to you guys if, again, that success measure is accurate. I don't have any reason to believe it is not.

Ms. Blom? Accountability?

Ms. BLOM. Yes. Thank you very much for—

Mr. ARRINGTON. Is it there? Do you believe it is there sufficiently in your programs?

Ms. BLOM. So we hold our housing authorities accountable for the utilization of the VASH vouchers. Nationwide, we have an 88 percent utilization rate, which means that 88 percent of the funding that has been provided to those housing authorities is actually being used to house veterans.

Another 5 percent of funding, going up now to 93 percent of all the funding available is in the hands of veterans but not yet in the form of housing for them. These are veterans that are searching for housing.

So we do believe a 93 percent success rate is very good in the program. Of course, we want to see that take up, particularly in the high cost areas such as LA and Seattle.

Mr. ARRINGTON. When you say "93 percent success rate," what is that measure again?

Ms. BLOM. It is the measurement of funding that is being expended to house veterans. So, today, that is 88 percent of all funding that the department has dedicated to the HUD–VASH program is being used to house veterans. And as a result of that, we have 77,000 veterans that are currently housed. Another 5 percent of that funding is in the hands of veterans to be able to search for a house so that they can live in stable environment.

Mr. ARRINGTON. Do you know of the 93 percent that you give assistance to for housing how many of those individuals move off of Federal assistance, who can sustain their own housing?

Ms. BLOM. So today we rely on the VA for those types of statistics. The VA, as I understand, tracks exits of VASH vouchers, either as positive, neutral, or a negative outcome as a result of ending their participation in the VASH program.

Mr. ARRINGTON. Okay. Dr. Lynch, you get the last word.

Dr. LYNCH. Pretty much what Ms. Blom said. We are tracking how many veterans successfully housed following involvement in our programs. We track how many do not get housed. And also, importantly, we track how many fall back into homelessness. And these are solid numbers, and we are able to track those for our programs across the country.

Mr. ARRINGTON. And one last question, if my colleagues will indulge me here, kind of a rapid round closure. And we will start on this end, and, Mr. Miller, you close us out. What is not—everybody comes putting their best foot and presentation forward, and I appreciate that, and I bet there is success, some may be more wildly successful than others, but I just have to believe that there is something that is not working, and so—I am a continual improvement guy myself, I can tell you there is a lot of things not working in my own operation I would to fix, and I am working on. So could you tell me what is not working about your program where we can help you? If we can't help you, just tell me that you are working on it, and that—to a greater avail for our veterans.

Dr. LYNCH. Dr. Harris would like to start and I would like to follow.

Mr. ARRINGTON. Real quick. Just ten seconds.

Dr. HARRIS. Sure. I think the biggest one is the lack of prevention. I think we are seeing too many people falling into homelessness. And it is not a failure of the homeless system, it is a broader failure of the entire societal system. And we need to go upstream further than we have.

Mr. ARRINGTON. And that may address some of the discussion around TAP, if we make that more robust and effective. Okay. Good.

Dr. LYNCH. I would say very briefly that I think our greatest opportunity is to look at how we can partner more effectively, particularly with the community. Learn from their experience and incorporate that into our program overall.

Mr. ARRINGTON. Excellent. Ms. Blom.

Ms. BLOM. Great. And I will focus my remarks on tribal HUD–VASH. There is a Senate bill that was introduced, Senate 1333, that would permanently authorize the tribal HUD–VASH program. That would help communities be able to project base those vouchers, and, again, produce stable housing for veterans long term in Indian country.

Mr. ARRINGTON. Thank you, Ms. Blom. Mr. Miller, final word.

Mr. MILLER. And, Mr. Chairman, as stated in our 2016 annual report to Congress, one of our things that we would like to work with you on is the technical amendment to the term homeless veteran to include recently housed. We estimate that if that were changed we would be able to serve 10,000 more veterans, homeless veterans.

Mr. ARRINGTON. Okay. Well, God bless you guys, and thanks for coming. And if there are no further questions, then the panel is now excused.

I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks, and include extraneous material. Without objection, so ordered. This hearing is now adjourned.

[Whereupon, at 1:00 p.m., the Subcommittee was adjourned.]

A P P E N D I X

Prepared Statement of John F. Clancy

Good morning, ladies and gentlemen, my name is John Clancy. I serve as the President and CEO of the Tristate Veterans Community Alliance (or TVCA). Thank you for inviting me to testify today at this important hearing regarding veteran homelessness. As an independent, veteran-led, non-profit organization focused on improving the access to, and the quality of, services offered to veterans and their families in the local community, we appreciate the opportunity to share our perspective and provide recommendations to address the challenges we see around veteran homelessness.

The TVCA was created four years ago to serve as a backbone organization responsible for aligning veteran support in our region, which is centered around Cincinnati, Ohio, but includes parts of Northern Kentucky and Southeast, Indiana. We partner with over 150 local organizations and operate a Veteran In-Processing Center that has serviced over 1,150 veterans since opening 28 months ago. We have four active workgroups focusing on employment, wellness, education as well as a special Northern Kentucky focused group. We have piloted programs that leverage our United Way 211 call center, that serve as a career accelerator for mid-level Non-Commissioned Officers, and that facilitate data sharing efforts both inside and outside our region. Our efforts are characterized by the following aspects:

- We are proactive, seeking to engage veterans and families before a crisis happens (often while they are still serving)
- We seek collaboration whenever possible. We do not want to add another drop to the "sea of goodwill".
- We work across sectors. We have many businesses involved in our efforts, but also include social services, veteran organizations and all major educational institutions.
- We look for systemic solutions in addition to program improvement.

That said, how do we view the efforts of the Department of Veteran Affairs (VA), the Department of Housing and Urban Development (HUD), and the Department of Labor (DOL) to reduce veteran homelessness? The efforts of all three agencies have been commendable and successful. The VA designed a research-informed strategy called "Housing First" to address the problem, especially for those veterans who had experienced chronic homelessness (USICH, 2015). This strategy involved a co-sponsored initiative with HUD to invest resources in stable permanent housing for chronically homeless veterans and case management services to prevent them from experiencing further homeless episodes. Other programs, including the DOL's Homeless Veterans Reintegration Program (HVRP), have also served to facilitate the successful transition of veterans from homelessness. With the current strategy at its ten-year mark, the VA and HUD Housing First programs have successfully reduced veteran homelessness by nearly 50%. However, based on client trends seen in our region, we believe that the client needs and demographic profile are beginning to show signs of moving from traditionally "homeless" individuals to those who are "transitioning" or "at risk" (see Figure 1 and Table 1). To serve the new customer base, we should begin to adapt the current system to not only focus on homeless veterans, but also successful life transitions for at risk veterans.

While there has been much success using Housing First strategies with those who are chronically homeless, our experience shows that there are decreasing rates of return as specific subpopulations are engaged. At one of our veteran housing organizations the population is becoming increasingly younger (Table 1, as evidence of an ongoing trend). They are also starting to engage more first-time clients (Figure 1) and a large percentage of clients who previously lived with family and friends, local institutions or even their own home, rather than the streets (Table 1).

To accomplish this shift in mindset toward successful life transitions, a broader set of outcomes need to be developed that involves not just housing attainment, but

boosting veteran self-efficacy, development of clear personal goals, and developing or enhancing the motivation to succeed in the civilian world. For veterans in distress, there are several strategies that correspond to how soon, or at what level, we engage.

- At an individual level for those in acute distress, work to ensure the right clinical levels of care are accessible and available.
- At a systemic level, we need to make sure existing organizations are communicating and strategizing across sectors, including the continuums of care, medical centers, and other veteran wellness and support groups (HUD/VA funded or not).
- Finally, and ultimately, we need to ensure that the transition system from military to civilian life is coordinated, veteran-centered, and resourced. This includes a greater level of information sharing, new and improved programming focused on proactive, strength building approaches.

We believe that regional veteran collaboratives are a key part of the solution. This collaborative approach allows the community to mainstream best practices, decrease competition, and allow for the scaling up of efforts to support transitioning veterans. A coordinated community-based approach that brings together diverse sets of resources and identifies new opportunities across public and private sectors is needed.

Several collaborative models have been developed including AmericaServes in New York, North Carolina, Pennsylvania, and Washington State; America's Warrior Partnership based in Georgia; Combined Arms in Houston; the San Diego Veteran Coalition and Military Family Collaborative and many others. These various efforts have embraced and developed many critical aspects of a veteran's collaborative and help push communities toward impact in important ways.

We applaud your review of the mix of programs available for veterans, assessing the correct mix for current needs and opportunities. We invite you to become more involved in regional veteran collaborative efforts, helping develop frameworks and resources for groups seeing to have a collective impact for veterans and military families. In closing, we would like to stress again the importance of a relevant, trusted community organization that can initiate and sustain the conversation for aligning strategy on transition support, employment and wellness.

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Appendices

Figure 1. Joseph House Clients – Comparison of 2014 and 2015

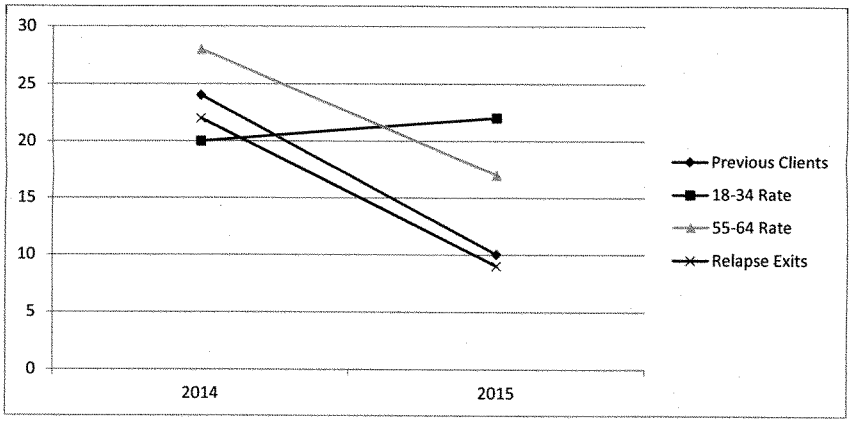

Table 1. Joseph House Client Survey - May 2016

Variable	N	Percentage
Prior living situation		
Family or friends	15	38%
Own home	7	18%
Prison or institution	14	35%
Homeless	15	38%
VA	5	13%
Total clients - May 2016	56	100%

Note: Joseph House began tracking client intakes and outcomes in HMIS in 2014. Up until then, Joseph House used an internal spreadsheet. The data above represents a blending of both data sources, highlighting the most complete and consistent fields.

Prepared Statement of Angela F. Williams

ON ASSESSING FEDERAL PROGRAMS AIMED AT REDUCING VETERANS' HOMELESSNESS

Chairmen Wenstrup and Arrington, Ranking Members Brownley and O'Rouke, and Members of the Subcommittees:

My name is Angela Williams. I am the President and Chief Executive Officer of Easterseals, a national network of more than 70 leading nonprofit organizations that provide local services and supports to individuals with disabilities, veterans, and other Americans who, with access to essential services and supports, are successfully participating in and contributing to their communities.

Thank you for inviting me to discuss Easterseals' expertise in serving homeless and at-risk veterans and our experience with the U.S. Department of Labor's (DOL) Homeless Veterans' Reintegration Program (HVRP) and other federal programs aimed at reducing veteran homelessness. As a veteran of the U.S. Air Force, I am honored to testify before the U.S. House Veterans' Affairs Subcommittees on Health and Economic Opportunity on this very important topic. We are all indebted to the brave men and women in uniform willing to serve our country proudly.

Easterseals has been actively serving veterans for more than seven decades. Founded in 1919, Easterseals expanded our mission in the 1940s to help address the unmet needs of World War II veterans returning home with service-connected disabilities. Easterseals continues to fill the gap between the services veterans need and the services currently available through government or other sources. Easterseals serves veterans and their families through existing programs, such as assistive technology, respite, and medical rehabilitation. In addition, Easterseals operates employment, care coordination, and other programs that exclusively serve veterans and military families. I am pleased to represent Easterseals' legacy in responding to the needs of veterans experiencing homelessness and unemployment.

STRATEGY TO REDUCE VETERAN HOMELESSNESS IS HAVING AN IMPACT

Today's hearing on veteran homelessness is focused on where we are and where we are headed. However, it is important to remember where we started and the journey we've been on together to this point. In 2010, about the time Easterseals started a new phase in its effort to help homeless veterans, our country's veteran homeless population grew to over 74,000.[1] Today, based on the most recent Point in Time count, veteran homelessness has dropped by nearly 46 percent to about 40,000.

This dramatic reduction in veteran homelessness didn't happen by accident. This progress is a result of the all-hands-on-deck strategy developed by Congress and the federal government. This strategy recognizes that the most effective way to reduce veteran homelessness is to combine the power and resources of the federal govern-

[1] U.S. Department of Housing and Urban Development, Annual Homeless Assessment Report (AHAR)

ment with the on-the-ground capability and scope of state and community partners. The progress is also attributable to the strong collaboration among federal, state, and local partners and the complimentary alignment of federal veteran homeless programs across various federal agencies. It is clear that not one single program or entity can solve veteran homelessness. Rather, it takes the combined strengths, resources, and collaboration of many to impact the lives of homeless veterans and at-risk veterans by helping them to find stable housing and to successfully reintegrate and contribute in their communities.

While we can be proud of our collective accomplishments, there is more work to be done to achieve our shared goal of ending veteran homelessness. Our nation's veterans and their families deserve this commitment and action! Easterseals believes our nation can make even more progress in reducing the number of homeless veterans by enhancing our current public-private partnership model. As I will detail in my testimony, Easterseals asks Congress to improve and expand DOL's Homeless Veterans' Reintegration Program and to maintain the effective collaboration with the U.S. Department of Veterans Affairs' (VA) Supportive Services for Veterans Families (SSVF) Program and the U.S. Department of Housing and Urban Development and VA Supportive Housing (HUD–VASH) Program. In addition, we ask Congress to expand the availability of care coordination and community-based supportive services to proactively address reintegration challenges well before the veteran meets the at-risk definition for existing federal programs.

ENDING VETERAN HOMELESSNESS ONE VETERAN AT A TIME

Allow me to share with you a story that brings life to our programs. Paula is one of the homeless, unemployed veterans who is now contributing to her community as a result of the effective response and collaboration among veteran programs and community partners. Paula proudly served in the U.S. Air Force before being honorably discharged in 1986. Her post-military life includes many challenges and bad decisions that led to a failed marriage and a felony conviction. Paula made a commitment to herself to positively change her life, hoping a move from California to New York would help jump-start her new beginning. Finding a job immediately after her move was key to her transition. However, she struggled to find a job due to her criminal background and other employment barriers, including her age.

Out of money and without any other support in her new city, the 66-year-old entered a women's homeless shelter. After learning she was a veteran, the shelter connected Paula to a local SSVF provider, who began working with Paula to help her find stable housing. When Paula explained her desire to find employment, the SSVF provider referred her to Easterseals New York, which operates two HVRP grants (New York City and Syracuse) and specializes in helping homeless veterans and older adults find employment. Easterseals' HVRP team met with Paula to learn about her employment goals. Based on her skills and past employment background, Paula expressed interest in customer service. She also identified her lack of access to transportation and interview clothing as additional barriers to obtaining employment.

The Easterseals employment specialist worked with Paula to update her resume and prepared her for potential interviews. An Easterseals social worker helped Paula obtain, through HVRP funds, an appropriate interview wardrobe and subway cards to get to job interviews. While Easterseals was fast at work to help her find a job, the local SSVF provider, Help USA, was successful in getting Paula connected with a HUD–VASH housing voucher. Paula had renewed hope and purpose, going between housing appointments for her HUD–VASH voucher and job interviews. Paula first found a place to live. Thanks to the generous support of a private donor, Easterseals was able to provide Paula with resources to start furnishing her apartment. In November of 2017, just three months after enrolling in HVRP, Paula successfully interviewed for a Customer Service Representative position at the New York location of a major national staffing company. She is working full-time and earning $19.00 per hour. Until she received her first paycheck, Easterseals provided her with a 30-day unlimited subway card to assist her with transportation to and from work. Paula is now successfully reintegrated into society, contributing and making a difference. She found success locally, all as a result of multiple local organizations working together with federal veteran homeless programs. Her story, and the behind-the-scenes work of federal, state, and local partners, exemplifies why we must strengthen and build from our country's homeless veteran strategy - representing promise for the 40,000 other homeless veterans nationwide who can benefit from community-based supports.

EASTERSEALS ASSISTS HOMELESS VETERANS FIND EMPLOYMENT

Easterseals is participating in our country's effort to reduce veteran homelessness by helping homeless veterans find jobs. Easterseals is a leading national provider of employment services, specializing in helping job seekers with significant barriers to employment find success in the workplace. Our experience in serving individuals with disabilities and other most-in-need job seekers made us a natural and effective partner to help homeless veterans and veterans at risk of homelessness to find jobs and stable housing. We are pleased to be testifying today alongside one of our partners, the National Coalition for Homeless Veterans (NCHV). We work with NCHV to provide education and training to homeless veteran service providers to assist them in serving homeless and at-risk veterans with disabilities.

Understanding the important role employment plays in helping veterans transition out of homelessness, Congress authorized the Homeless Veterans' Reintegration Program in 1987 as the only federal nationwide program focused exclusively on the employment of homeless veterans.[2] Easterseals began our partnership with DOL's Veterans' Employment and Training Service (VETS) in 2009 to help veterans experiencing homelessness return to the labor force. Easterseals affiliates located in Oregon and Maryland secured DOL VETS grants to help at-risk veterans find jobs. Today, Easterseals affiliates operate 11 HVRP grants serving veterans in Indiana, Maine, Maryland, New Hampshire, New York, Ohio, Oregon, Virginia, and the District of Columbia. During the last program year, Easterseals provided HVRP employment and support services to nearly 1,200 homeless or at-risk veterans, of whom more than 61 percent found employment during the year with an average wage of $13.99 per hour.

Easterseals has helped homeless and at-risk veterans from across the country to find jobs through HVRP. Building from the HVRP model, we have found that our successful programs include four important elements: veteran-centered approach, effective community connections, strong employer engagement, and access to emergency financial support.

1. Veteran-Centered Approach to Employment Services: Easterseals uses a person-centered approach to all of our employment services. Our employment specialists meet individually with jobseekers to identify their goals, skills, talents, and work history so they can be connected to the training and supports they need to achieve success in the workplace. Our HVRP team in Cincinnati, which includes Chairman Wenstrup's congressional district, is staffed by four U.S. Army veterans who regularly tap into their own service and transition experiences to assist veterans who enroll in Easterseals Serving Greater Cincinnati's HVRP program.

This person-centered approach is effective in working with homeless and at-risk veterans. Every veteran seeking employment and other supports comes to HVRP from different backgrounds and life experiences. We work extensively to build a trusting relationship and rapport with the veterans, which allows us to better assist them in identifying their needs and goals. Paula entered the program self-motivated with a clear sense of where she wanted to go. In our initial meeting, we were able to work with her on an employment strategy, which she used to find a job within three months. For a young female veteran we recently served, also in New York, the HVRP team met several times before we gained her trust. After several appointments, she opened up about her military sexual trauma while on active duty in the U.S. Army and her recent struggles living out of her car in sub-zero temperatures. This initial assessment and enrollment process represents the critical foundation from which employment services and other supports are identified and delivered. This process is very different based on each veteran and their needs.

2. Community Connection and Collaboration: Easterseals recognizes that a veteran and his or her family are best served when they are connected to and can benefit from the full strength and alignment of the community they call home. Easterseals works closely with community partners to ensure that the unique and evolving needs of veterans are met effectively. While we specialize in employment services, Easterseals affiliates who serve veterans through HVRP or other programs may also employ licensed social workers, care coordinators, and counselors who can work with veterans to directly meet their needs or to connect them to other federal homeless programs and existing supports at another local organization.

Easterseals New Hampshire has a long history of serving veterans and National Guard and Reserve Members through community care coordination, employment, and mental health and substance abuse treatment. In 2016, Easterseals New Hampshire became a statewide HVRP provider, working closely with the state's SSVF providers and VA supportive housing case managers to provide optimal veteran care

[2] Stewart B. McKinney Homeless Assistance Act, P.L. 100–77

and support. In addition, Easterseals New Hampshire collaborates with other state and community partners, including the New Hampshire Office of Veterans Services, Vet Centers, American Job Centers (AJC), housing shelters, local VFW, DAV, and American Legion chapters, Homeland Heroes, among others.

It was because of such community connections that John, a New Hampshire veteran, received the support he needed to get his life back on track. A veteran of the U.S. Navy, John was living in a veterans-only shelter following completion of in-patient substance abuse treatment. The shelter referred John to Easterseals New Hampshire, where he was assigned a Care Coordinator, working under a private health insurance contract, to focus on improving his overall health and well-being while also decreasing his emergency room visits. During this engagement, John expressed a deep desire to find and maintain employment, which had always been a struggle given his past substance abuse problems and transportation challenges after losing his license. Easterseals connected John internally to its HVRP team, where an Easterseals employment specialist worked with John to update his resume, to enroll him in a regular Job Club, and to boost his job search skills. On a path toward employment, John was referred by Easterseals to other local providers to help him find temporary housing, get mental health treatment, and assist him with money management. After an aggressive job search, John was recently hired as a floor technician where he has earned the respect of his boss and coworkers. John is doing well and saving for a car and an apartment thanks to the coordinated community response and the behind-the-scenes support of federal veteran homeless program funds.

Easterseals Oregon assists homeless and at-risk veterans in Multnomah, Marion, Polk, Jackson, and Josephine Counties as both a HVRP and SSVF provider. Easterseals Oregon's HVRP staff regularly connects most-in-need veterans to other state and communities partners to help them achieve their reintegration goals. The Oregon program's co-location with the Oregon Employment Department and its day-to-day collaboration with Disabled Veteran Outreach Program (DVOP) specialists have produced strong results. During the last program year, 96 percent of the veterans participating in the Portland (OR) HVRP grant were connected to the local VA benefits office, 93 percent were co-enrolled with the local AJC, and 55 percent were connected to other community supportive services. Their community collaboration and connections provide homeless and at-risk veterans with seamless access to the supports they need to be successful.

3. Regular Employer Engagement: Easterseals' success in helping homeless veterans find employment relies on an engaged employer community. Easterseals affiliates specializing in employment services, including those that operate HVRP grants, regularly engage private and public sector employers throughout the job search and placement process through Business Advisory Councils or other community-based outreach activities.

In Oregon, A&M Transport, G4S Security, and the City of Portland have been strong partners, assisting our HVRP and other employment programs by hosting mock job interviews and job shadowing opportunities for job seekers, sharing their employment and training needs with our employment teams, and, ultimately, hiring homeless veterans and other job seekers. Easterseals Serving Greater Cincinnati works regularly with more than 40 local employers, including Jancoa, Shelterhouse, and Nehemiah Manufacturing, to assist and hire HVRP veterans. Our affiliate that assists homeless veterans from Maryland, Virginia, and the District of Columbia conducts outreach and site visits throughout the year with businesses in the region. Easterseals Serving DC / MD / VA's focus on business engagement has resulted in strong hiring relationships with security firms and other major employers and small businesses, including a local Jiffy Lube that is veteran-owned and has prioritized the hiring of homeless and formerly incarcerated veterans. Our affiliate in Maine plays a leadership role on state and veteran-specific workforce development boards. Through its recent HVRP grant, Easterseals Maine has developed strong local business ties that lead to job training and placement opportunities for homeless veterans. For example, the HVRP team developed an apprenticeship program with the Shipyard Brewery for a Brew Master position in collaboration with the GI Bill. In New York, Easterseals holds quarterly training workshops for employers in Syracuse and New York City on the benefits of hiring veterans. Through HVRP, they often work with businesses including, Rite Aid, Home Depot, Ryder Transportation, Spectrum Cable, Macy's, Pratt Institute, First Quality Maintenance, Levy Restaurants, Bay City Auto, and JP Morgan Chase.

4. Emergency Financial Assistance: A single unexpected expense or bill can immediately derail a veteran's path toward reintegration success. Easterseals appreciates that federal homeless veteran programs, including HVRP and SSVF, recog-

nize this risk and allow federal funds to be used to address certain emergency situations. For example, Easterseals helped Paula, the veteran from New York, with a subway card using HVRP funds to ensure she could get to and from job interviews. This small HVRP investment paid off as evidenced by Paula securing a job through one of those interviews.

However, the needs of homeless and at-risk veterans often far exceeds the resources available through HVRP or other public funds. Easterseals works nationally and locally to connect with other nonprofits and private funders to fill this growing gap. Easterseals Serving DC / MD / VA partners with the Salvation Army, Red Cross, Volunteers of America, and other charitable organizations in their community to assist veterans with subway and bus passes, gas cards, and other emergency needs. Easterseals New Hampshire created Veterans Count, a private donations-based fund that is used to meet the temporary, emergency financial needs of veterans and military families. Veterans Count is now active in Connecticut, Kansas, Maine, New Hampshire, New York, North Carolina, Rhode Island, and Vermont. These funds help stabilize housing needs, pay for work clothing or tools, and cover costs to obtain vital documents such as identification cards, birth certificates, and military service records, such as a DD Form 214.

Nationally, Easterseals has worked with a private donor for the last five years to meet the unique needs of female veterans, including emergency financial support. Last year, we saw a huge spike in need following the hurricanes. Lisa, who served eight years in the U.S. Marine Corps, was one of the veterans who reached out to Easterseals after her Houston home was flooded during Hurricane Harvey. Easterseals was able to provide Lisa with timely assistance that allowed her and her family to get into a temporary apartment while they rebuild their home. In 2017 alone, more than 1,500 female veterans-several impacted by hurricanes-received care management services, with more than 100 provided emergency financial assistance, through the generosity of this Easterseals donor.

HVRP REPRESENTS A POSTIVE RETURN ON INVESTMENT

Federal investments in programs such as HVRP, SSVF, and HUD–VASH are paying off with the dramatic reduction in veteran homelessness since 2010. This is especially true with DOL's Homeless Veterans' Reintegration Program. About 17,000 veterans receive services through HVRP under current funding levels. Despite serving the chronically homeless or hardest to serve veterans, HVRP exceeded its employment placement rate for the last program years.[3] The average $2,500 cost per participant, based on DOL's program year 2018 target, is more than paid for when veterans secure employment through the program.

Earlier, I told you about Paula, the Air Force veteran from New York. She came to HVRP seeking employment but had significant barriers to employment, including a criminal conviction and gaps in her work history. Through the supports and services available through HVRP, Paula is now earning approximately $3,000 a month, well over the average HVRP cost per person (based on her full-time, $19 per hour customer service job). She is a taxpayer, contributing back to the community that helped her get back on her feet.

We are finding similar HVRP success across the country. Through the Veterans with Families HVRP grant that Easterseals operates locally, 78 veterans from Maryland, Virginia, and the District of Columbia were enrolled in the program last year, 66 of whom found jobs, with an average starting wage of $20.42 per hour. In New Hampshire, which serves high percentages of chronically homeless, 45 of the 77 HVRP enrolled veterans were placed into employment with an average hourly wage of about $10.00 per hour. Easterseals Crossroads provides HVRP services in the eight county area surrounding Indianapolis (IN). Last program year, 107 of the 153 homeless veterans in Easterseals Crossroads' program found employment, with an average hourly wage of $13.04. In Syracuse (NY), 49 of the 76 veterans who enrolled in HVRP during the last full program year exited for employment, averaging $11.99 per hour. In Oregon, 56 of the 95 veterans from Salem and Marion and Polk Counties found jobs within the year with an average hourly wage of $14.32.

In each example, the veterans who were experiencing homelessness and joblessness earned, on average, more in their first couple months of employment then the program invested in them, based on the national HVRP cost per veteran. And based on a 2016 independent HVRP review, the mean hourly wages of HVRP participants rose by more than 13 percent over the program years analyzed, from $10.21 in 2009

[3] U.S. Department of Labor, FY 2018 Congressional Budget Justification

to $11.55 in 2013.[4] HVRP and its companion housing-first federal programs represent a positive return on their public investment.

RECOMMENDATIONS FOR SUPPORTING HOMELESS VETERANS

Easterseals strongly believes that the federal response to veteran homelessness has been strong and effective by engaging on-the-ground, community partners. Easterseals asks Congress to consider the following recommendations to help strengthen federal homeless veteran programs to make them even more effective.

1. Support Full Funding and a Long-Term Extension of HVRP: Easterseals appreciates the bipartisan support in Congress for HVRP and the current legislative efforts to help accomplish our HVRP authorization and funding goals. Easterseals supports H.R. 4451, the Homeless Veterans' Reintegration Programs Reauthorization Act of 2017, that was introduced in November by Health Subcommittee Chairman Wenstrup and Ranking Member Brownley. Among other things, the bill would extend HVRP through fiscal year (FY) 2022 at $50 million a year. In the past, HVRP has been extended one year at a time. A multi-year extension would demonstrate Congress' commitment to the employment needs of homeless and at-risk veterans. Easterseals also wants to thank Economic Opportunity Subcommittee Member Kathleen Rice of New York for her work with Representative Greg Walden of Oregon on a bipartisan effort the last two years to boost HVRP funding. This effort was supported by several members of these distinguished subcommittees. Increased funding would allow DOL to expand the HVRP grant size to provide more resources for retention and other services, such as training, when necessary, to meet the employment goals of our veterans.

REQUEST: Easterseals urges Congress to approve a multi-year extension for HVRP (as proposed in H.R. 4451) and to raise the non-defense discretionary budget caps and fund HVRP in FY 2018 at no less than $47.5 million, as recommended in the U.S. House funding bill for DOL.

2. Expand Eligibility of HVRP Services: Veterans receiving housing support through SSVF or HUD–VASH are not considered homeless for purposes of HVRP. As a result, these veterans are unable to benefit from HVRP employment services, even though the veteran may be unemployed or underemployed. Therefore, Easterseals supports the changes in H.R. 4451 and its companion bill in the U.S. Senate (S. 1473) that would expand HVRP eligibility to veterans who receive housing assistance through federal homeless programs and who are transitioning from being incarcerated. In addition, we have found inconsistency with what is considered imminently at risk of losing housing or employment. With proper and commonsense documentation, veterans who have fallen behind in rent, especially after losing a job, should be considered imminently at risk and eligible for HVRP employment services. Finally, Easterseals wants to highlight the growing employment and housing needs of some National Guard and Reserve Members who, based on their status, are not eligible for HVRP services.

REQUEST: Easterseals urges Congress to expand eligibility of HVRP to include other at-risk veterans. Easterseals supports the changes proposed in H.R. 4451. In addition, we ask Congress to include a new section within H.R. 4451 to ensure that all veterans who are imminently at risk of losing their housing or employment are eligible for HVRP services.

- **AMEND H.R. 4451 by INSERTING the following after section 2(c)(4):**

"(5) veteran who will imminently lose his or her housing or employment without intervention services. Imminent housing risk can include documented default in rent or mortgage or eviction notices. Imminent employment risk can include probationary periods, poor performance reviews or other employment warnings."

3. Increase HVRP Grant Size to Provide Dedicated Resources for Retention and Other Services: DOL, in its most recent congressional budget justification, accurately described what Easterseals HVRP providers are seeing on-the-ground when enrolling veterans into the program. DOL noted: "Even though the homeless veteran population has significantly decreased since 2009, those remaining homeless veterans consist of the chronically homeless or hardest to serve."[5] Veterans with significant barriers to employment, such as addiction and mental health challenges, criminal backgrounds, and chronic homelessness, require more costly and intensive services to help them find employment success. Easterseals Serving

[4] 2016 Evaluation of the Homeless Veterans' Reintegration Program; Avar Consulting, Inc.
[5] U.S. Department of Labor FY 2018 Congressional Budget Justification

Greater Cincinnati, which includes parts of Chairman Wenstrup's district, recently assisted a veteran with significant barriers. After leaving the military in 2014, Jason struggled with a divorce and its impact on his relationship with his children. He turned to alcohol, which led to his trouble with the law. When Easterseals connected with him, he had served his jail time and completed alcohol treatment. We met with Jason to identify his employment goals and worked with him for several months before he landed a job in an area he is passionate about: physical fitness. He works at a gym where he mentors others on becoming healthy and improving their fitness. He has also focused on his own health and well-being and has been sober since he was released from jail.

Our work with veterans, like Jason, doesn't end when they are successful in finding a job. It represents just one part of a journey. We check in regularly and are available to assist Jason and all of the veterans we work with through HVRP to help address challenges that may arise following their employment. These ongoing retention costs will also increase in serving the hardest-to-serve, chronically homeless veterans. One Easterseals HVRP team leader said, "due to the very nature of these veterans' histories and severity of need, those who obtain employment often subsequently lose it or are put on probation and need assistance due to reoccurring issues, such as substance abuse, and require costly intensive and individualized services." A 2017 national homeless study affirmed the need to prioritize job retention and reemployment services, especially for jobseekers with significant barriers to employment.[6] Also, our affiliates find it difficult to deploy appropriate staff and resources in rural areas given the limited grant sizes. Even with the recent grant ceiling increase, the HVRP grant amount fails to meet "the costs of serving each homeless individual," as concluded by the recent HVRP evaluation.[7]

3REQUEST: Easterseals urges Congress to support an increase in the urban and rural grant amounts to address the growing and evolving needs of homeless veterans enrolled in the program. In particular, Easterseals recommends additional funding for retention, rural outreach and services, and for expanded intensive case management.

4. Include Greater HVRP Flexibility to Better Match the Needs of Veterans: Greater program flexibility is sometimes needed to help HVRP providers effectively address the unique needs of homeless and at-risk veterans. DOL measures HVRP grant providers on the number of veterans who attain a training credential. Easterseals helps veterans develop new skills and credentials by connecting them to specialized training that includes security, commercial driver's license (CDL), medical coding, information technology, and nursing. However, the training performance requirement often runs counter to the immediate, sometimes desperate, need of the veteran to find employment quickly to maintain housing or other needs. The needs of each veteran should be the primary factor for the type of services and training required to achieve employment. In another example, an Easterseals affiliate was working with a homeless veteran who, after securing a job, needed transportation assistance until she received her first paycheck. HVRP could cover subway or bus passes, but not toll fares (by adding resources to the veteran's E–Z Pass card) even though her car, based on her job's location, was the better transportation option. Also, in some communities that lack available transitional or affordable housing, the prohibition on using HVRP funds to pay for rent or housing deposits delays or prevents a veteran's ability to meet his or her goal.

REQUEST: Easterseals recommends that Congress support greater flexibility within HVRP, on a case-by-case basis, to address the individualized needs of homeless and at-risk veterans. In addition, Easterseals recommends the following report language to H.R. 4451.

- **INSERT the following language in the H.R. 4451 report:**

"The Committee recognizes the individualized barriers and unique challenges faced by veterans who are homeless or at risk of homelessness. As such, the Committee provides the Secretary of Labor the authority to waive a rule, on a case-by-case basis, if a waiver greatly improves the veteran's ability to find stable housing and to become gainfully employed."

5. Expand Early Access to Community Care Coordination to Address Veteran Reintegration Needs: The community care coordination and case management model used in HVRP is the foundation of HVRP. The community-based, holis-

[6] Integrating Rapid Re-Housing and Employment , Heartland Alliance 2017 Study

[7] Evaluation of the Homeless Veterans' Reintegration Program, Avar Consulting, Inc. Study, 2016

tic approach ensures veterans and their families have access to a continuum of care that is local, timely, and effective. Not all veterans who could benefit from community care coordination have access to these services. Providing veterans with access to care coordination and supportive services earlier in the process will, based on our experience in the field, address the problems before they turn into a crisis, saving time, heartache, and money. Congress should consider ways to expand federally funded community care coordination or case management to proactively meet the challenges of veterans well before they meet the homeless and unemployed eligibility criteria of programs like HVRP and SSVF.

REQUEST: Easterseals recommends that Congress create a pilot program at the VA that uses this holistic model to address the reintegration needs of veterans, including those in rural areas with limited access to other supports, who would otherwise not qualify for existing federal veteran homeless or employment programs.

CONCLUSION

Easterseals appreciates Congress' commitment to and investments in public-private partnerships and community-based solutions to respond to veteran homelessness. Together, we have improved the lives of thousands of America's veterans who are now living, working and contributing to their communities. Thank you for considering Easterseals' views. I look forward to your questions.

Prepared Statement of Stephen Peck

Good morning. My name is Stephen Peck and I'm the President and CEO of U.S.VETS. I'm also a Vietnam veteran. I served with the First Marine Division near Danang in '69-'70, and I've been working for homeless veterans since 1991. U.S.VETS has been in the fight against veterans' homelessness since 1993 when we started our first program in Inglewood, California. Since then we have grown into the largest veteran-specific non-profit housing and service provider in the country, providing housing and services to 3300 veterans every night, and providing homelessness prevention, employment, and mental health services to an additional 5,000 veterans annually in the communities we serve.

I'm also the president of the California Association of Veteran Service Agencies, seven veteran non-profits that collectively provide housing and care to more than 25,000 veterans each year from Eureka to San Diego.

Despite hundreds of millions of dollars spent, numerous government policies, and the best efforts of hundreds of communities, there are still more than 40,000 veterans living on our streets - and the number is rising across the nation. In California, which has 25% of the nation's homeless veterans, the number of homeless veterans has risen nearly 20% this past year, and in Los Angeles, the number rose 57%! This is no time to be taking our eye off the ball.

The five-year "Getting to Zero" effort, launched by the Obama Administration in 2009, was always an aspirational political goal. Federal estimates say the number of homeless veterans dropped by more than half from 2010 to 2016, a significant accomplishment. But faced with an intractable homeless veteran population that refused to drop further, the administration moved the goalposts.

"Functional Zero" was the new goal, a complicated formula that basically said that if there were enough homeless beds in each community to house every veteran who wanted (and asked) to get off the street, then the goal was achieved. But it has been difficult for communities to achieve even this reduced goal because the number of veterans falling into homelessness every month, is outstripping communities' efforts to keep up.

Because that five-year effort was not completely successful, there is a sense that the government is moving on to other problems. There is no longer an emphasis and determination to get every veteran off the streets. This shift in focus is evident in two ways:

First: The proposal by the VA to take permanent housing supportive service dollars out of the special projects category, where is it protected, and placing these dollars into the general fund, where medical directors can redirect it at will. While they have said that they will not shift these dollars, the VASH funds remain in the general fund line item.

And second: VA's overall management of the HUD–VASH program. It is plagued by lack of accountability, insufficient data collection, and inadequate outcome measures.

Together, these two factors represent a direct attack on our ability to get veterans off the street and into permanent housing, and provide the case management and supportive services that will keep them there.

We are talking about a population that is extremely vulnerable. Study after study confirms this and I have included references in my written testimony. 37% of HUD–VASH participants have mental or behavioral health issues, including PTSD, depression, psychoses and substance abuse. Other issues include situational factors such as unemployment and the breakup of relationships, social isolation, and a lifetime of poverty and adverse events. All of these factors, coupled with their homelessness, make these veterans much more vulnerable to suicide, which I will talk about in a minute.

These factors confirm our belief that the support services provided along with the permanent housing in the HUD VASH program are essential to its success.

The Housing First model that the VA professes to follow requires a client/case manager ratio of 25 to 1. Additionally, it requires access to assistance, with a simple phone call, 24 hours a day.

That is not what's happening.

We have project based VASH beds at 5 of our sites and our clinical directors report that VA social workers are, at best, providing minimal coverage. 75 VASH vouchers require 3 full-time case managers in the Housing First model - we never have three, rarely have two, and our clinical staff picks up the slack. This is true of many communities across the country.

I've attached 3 letters to my written testimony from three different communities that have been awarded HUD Vouchers, Kern County and San Francisco, CA, and Miami, Florida (Attachments 1,2,3). In each case, the VA is indicating that it does not have the resources to provide adequate case management coverage for the number of HUD vouchers awarded. The result is many of the vouchers go unused, while veterans languish on the streets.

If I understand correctly, funding that congress has appropriated to the VA, specifically for VASH case management positions, is for some reason not available

Vulnerable veterans still living on our streets need every dollar of this funding. If the VASH program were turned into a grant program, experienced veteran nonprofits would assume full responsibility, would spend every dollar appropriately, and could be held to outcome measures that we are already used to assuming. Because our programs are residential, we have staff 24/7 and are used to responding to client issues day and night. We provide case management for 423 beds of permanent supportive housing with a 92% retention rate. By contrast, a recent Inspector General Study reports a 70% success rate of the HUD–VASH program. This study also states that the reason the vast majority of those veterans exited the program was unknown "as HUD's systems do not have the capacity to track this information."

If a non-profit provided that level of coverage while contracted with the VA, we would lose the contract.

I have heard various reasons why the HUD VASH money is being put into the General Fund category. One of them is so that Medical Directors are free, if necessary, to redirect funds to one of the Secretary's 5 main priorities, one of which is suicide prevention. Let me give you some statistics:

An estimated 9.3 million adults (3.9% of the adult U.S. population) reported having suicidal thoughts in the past year. This compares to 12.1%-18% of the homeless veteran population who have had suicidal thoughts in the past 30 days.

A study by the VA National Center on Homelessness Among Veterans stated that the rate of suicide attempts among homeless veterans was 20 times higher than the rate of suicide attempts among all veterans.

So I think it's safe to say that the effort to end homelessness among veterans is part of that suicide prevention effort. It is part of that effort not just because these veterans have been housed, but because they are supposed to be provided knowledgeable, compassionate case management on a regular basis which gives veterans the skills and reliable support that will fend off the despair that threatens to overcome their will to live.

We all have been at this for a long time and you might ask what is your return on investment - you've put a lot of money into this and still haven't solved the problem. My 25 years of experience in helping homeless veterans tells me that if you pull back now, the number of homeless veterans on the street will continue to grow, and those veterans, in their desperation, will fall back on the only services available to them, which are the very expensive emergency mental health and medical services that are available in communities. They will spend time in jail, they will use emergency homeless shelters - and they will continue to die, having been abandoned by the country they fought for.

Solving homelessness is not a one-time fix, it is an ongoing effort to mitigate the inequality that exists in our system for veterans, who through lack of opportunity, lack of education, mental illness, combat trauma, or other deficits, end up on the margins of society. We are paying for this tragedy one way or another so we simply have to make the decision that these veterans' lives are worth saving.

References

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S Metraux, M Cusack, TH Byrne, N Hunt-Johnson, G True. 2017. "Pathways into homelessness among post 9/11 era veterans." Psychological Services, Volume 14, Issue 2, pp. 229 - 237.
https://hdl.handle.net/2144/22751
Boston University
Stephen Metraux
U.S. Department of Veterans Affairs, Philadelphia, Pennsylvania, and University of the Sciences

#2 HUD–VASH EXIT STUDY
FINAL REPORT, September, 2017
Prepared for
U.S. Department of Housing and Urban Development
Prepared by
Ann Elizabeth Montgomery, VA National Center on Homelessness Among Veterans
Meagan Cusack, VA National Center on Homelessness Among Veterans
https://www.huduser.gov/ portal/sites/default/ files/pdf/ HUD–VASH–Exit-Study.pdf

#3 U.S. Department of Housing and Urban Development (HUD), Office of Inspector General's (OIG) OFFICE OF AUDIT, REGION 9, LOS ANGELES, CA, 2014
https://www.hudoig.gov/ sites/default/ files/documents/ 2014–LA–0003.pdf

#4 Evaluation of Housing for Health
Permanent Supportive Housing Program, 2017, RAND Corporation, Santa Monica, Calif.
Sarah B. Hunter, Melody Harvey, Brian Briscombe, Matthew Cefalu
https://www.rand.org/ pubs/research—reports /RR1694.html

#5 The 2017 Annual Homeless Assessment Report (AHAR) to Congress, December, 2017
https://www.hudexchange.info/ resources/documents/ 2017–AHAR–Part-1.pdf

#6 Suicidal Self-Directed Violence Among Homeless US Veterans: A Systematic Review. Hoffberg, Adam & Spitzer, Elizabeth & Mackelprang, Jessica & A. Farro, Samantha & Brenner, Lisa. (2017). https://www.ncbi.nlm.nih.gov/ pubmed/28731200

#7 CDC Suicide Facts at a Glance
https://www.cdc.gov/ violenceprevention/pdf/ suicide-datasheet-a.pdf

#8 Housing Placement and Suicide Attempts Among Homeless Veterans
VA National Center on Homelessness Among Veterans
Lindsay Hill, Project Coordinator
http://dcoe.mil/ files/2012SPC–Hill-Housing—Placement.pdf

ATTACHMENT ONE

Miami VA Healthcare System

In Reply Refer To: 546/00/122

Teresa Patterson
Broward County Housing Authority
4780 North State Road 7
Lauderdale Lakes, FL 33319

Dear Ms. Patterson:

Thank you for your interest in p.roviding Homeless Services to Homeless Veterans. The Miami VA Healthcare System is committed to providing HUD VASH services to eligible Veterans. Tremendous progress has been made in reducing Veteran Homelessness in Broward and Miami-Dade counties.

Historically, requests for additional HUD VASH vouchers have been supported with additional resources to provide case management to the high-risk chronic homeless individuals. However, due to a shift in the allocation of resources for HUD VASH VA Central Office, this is no longer the case. This has resulted in a reorga-

nization and consolidation of the program. As a result, the Miami VA Healthcare System is unable to support the request for additional HUD VASH Vouchers at this time, but the request can be revisited in 6-9 months. We continue to be committed to providing the highest quality services to those Veterans who are currently receiving HUD VASH services at this time.

If you have any further questions, you may contact Beth Wolfsohn, Homeless Program manager at (305) 575-7000 extension 2511.

Sincerely,

Paul M. Russo, MHSA, FACHE, RD
Medical Center Director

ATTACHMENT TWO

HOUSING AUTHORITY
OF THE COUNTY OF KERN

Creating brighter futures ...one home, one family at a time

California Veterans Assistance Foundation
Attn: Deborah Johnson
2215 Buena Vista St.
Bakersfield, CA 93304

Dear Mrs. Johnson,

The Housing Authority of the County of Kern has been issued eight allocations of VASH vouchers since the program began in 2012. These allocations total 160 vouchers, and as of today, there are still 25 vouchers available . Of these 25 vouchers, 21 have never been issued due to the lack of staffing to support the case management component.

There are currently 75 homeless veterans on the communities By-Name-List who need housing solutions. As of December 13, there were 25 homeless veterans on the Permanent Supportive Housing (PSH) prioritization list. These veterans could be served by the VASH program, if there was adequate case management. Instead they are being matched to other PSH programs, utilizing resources that are needed for homeless individuals with no other program options.

The Housing Authority is currently meeting with the VASH team quarterly to brainstorm ways we can reach 100% utilization, and ensure the most vulnerable veterans get this resource first. At the last meeting in October of 2017 the VASH team expressed that another social work position was authorized. As of today, that position has not been staffed, and the VASH team does not know the status. In short, the understaffed VASH program in Kern County has several implications on veteran homelessness:

1. Kern County might not receive the appropriate allocation of future vouchers .

2. HUD might decide to recapture the vouchers already issued due to underutilization.

3. Veterans are utilizing community resources that could be provided to non-veteran homeless,

4. Because the VASH team has such high caseloads, they are not able to fully participate in the community's work to end veteran homelessness.

Thank you for taking the time to review the status of the VASH program in Kern County. If you have any other questions please feel free to contact me.

Sincerely,

Heather Kimmel
Assistant Executive Director

ATTACHMENT THREE

SAN FRANCISCO VA HEALTH CARE SYSTEM
4150 Clement Street
San Francisco, CA 94121

Barbara Smith
Actiiig Executive Director
San Francisco Public Housing Authority

1815 Egbert Avenue
San Francisco, CA 94124

Dear Ms. Smith,

The Ending Veteran Homelessness Initiative remains a priority of the San Francisco VA Health Care System, and the Housing and Urban Development -Department of Veterans Affairs Supportive Housing (HDD-VASH) program is an important part of our ongoing effort to reach functional zero.

Based on our internal deliberations, the San Franeisco VA Health Care System affirms with this letter our commitment to support a new allocation of HUD-VASH vouchers to:

San Francisco -up to 50 vouchers

Support for this allocation includes sufficient clinical staff of an appropriate discipline to provide case management as mandated in VHA Directive 1162.05 ″Housing and Urban Development Department of Veterans Affairs Supportive Housing Program.″ Material support shall include office space and furniture, IT equipment, government owned vehicles or compensation for use of privately owned vehicles, and adequate clinical supervision and oversight.

This allocation of vouchers is predicated upon receiving the anticipated support of additional funding for clinical staff to provide the necessary clinical supervision and oversight of the HUD- VASH Veterans.

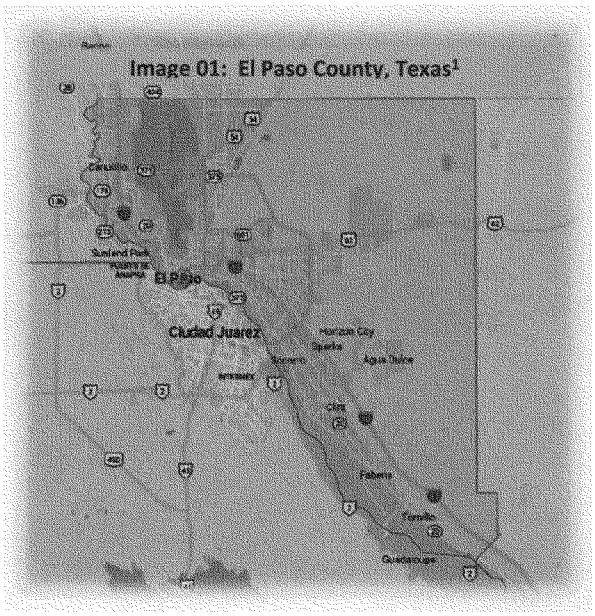
Sincerely,

Bonnie S. Graham, MBA
Health Care System Director
San Francisco VA Healt Care System

Prepared Statement of John W. Martin

First and foremost, we thank the members of the U.S. House of Representatives, and more specifically the Committee on Veteran's Affairs Subcommittee on Health and the Subcommittee on Economic Opportunity for the invitation to the Opportunity Center for the Homeless to testify at the hearing scheduled for Thursday, January 18, 2018. In presenting our testimony, we would like to preface our comments as those of a provider, with a "boots on the ground" mentality. We further represent that our comments, both within this written statement and in our testimony, represent those of an organization that has been 'in operation for 24 contiguous years - an organization that was founded on and continues to operate on the principle of "Recovery through Service". A majority of our staff has a lived experience with homelessness and thereby understands the realities that those that are homeless face.

In preparation for this hearing, we met with several community service providers to ensure that the comments noted herein are reflective of the community, and not that of a single organization. In so doing it is important to first understand the context in which these statements are being made through a brief introduction of the community, its primary source of funding, and a picture of veteran homelessness in El Paso.



Background

El Paso County is home to over 837,000 [1] residents. It occupies over 1,000 square miles at the farthest west tip of Texas, bordering both New Mexico and Ciudad Juarez, Chihuahua, Mexico. The City of El Paso is the sixth largest in Texas, and the largest Texas border community.

Income in El Paso County is significantly lower than the rest of the state. A little over 22% of El Paso County residents live below 100% of the Federal Poverty Level (FPL). A little over half of El Paso County residents live below 200% of FPL. [2]

There are a total of 40 programs/agencies that provide housing (emergency shelter, transitional, and permanent housing) to the homeless within our community—that based on the most recent point-in-time count (conducted January 26, 2017) provided housing to 1,242 individuals [3]. The Opportunity Center is the primary provider of services to the homeless as illustrated through the point-in-time results that reflect that the Opportunity Center housed 30% of the total homeless population, within our community, on that evening and 53% of the single adult homeless population. The Opportunity Center is a no-barrier shelter, allowing all to access services.

The City of El Paso is solely reliant on funding received through the Department of Housing and Urban Development (HUD) through Continuum of Care Funds (primary), Emergency Shelter Grant (secondary), and the Community Development Block Grant (tertiary). The primary and secondary funding streams have been and continue to be aligned with the federal objectives, as delineated within Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (amended 2015), generally referred to as Housing First. The City and County of El Paso currently provides no funding to supplement the referenced sources.

The re-alignment of public funding in line with the federal strategic plan has significantly curtailed and/or eliminated resources within El Paso for the homeless. This directly impacts the efficacy of the Continuum of Care as it relates to those that are homeless, to include the veteran homeless population.

Organizational Summary

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[1] United States Census Bureau, Quick Facts, El Paso County, Texas - Population Estimates 07/01/2017

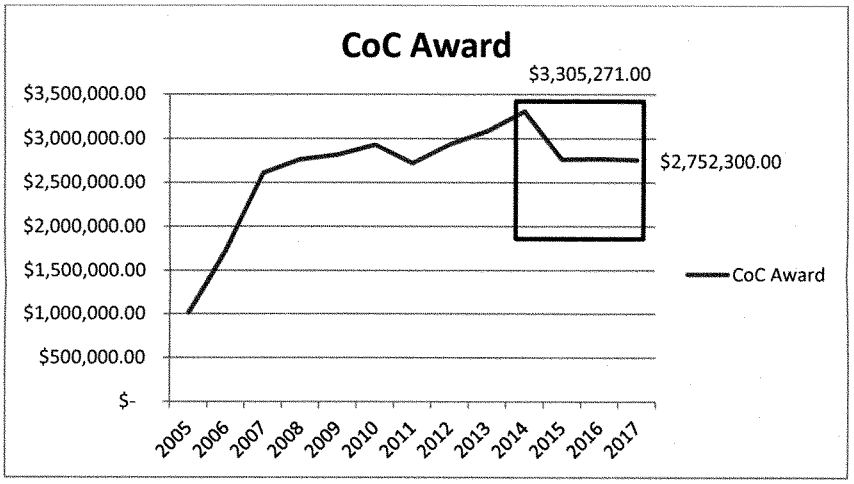
[2] United States Census Bureau, Community Facts, El Paso County, Texas

[3] Adjusted Point in Time based on reported occupancy within the Opportunity Center for the Homeless.

The Opportunity Center for the Homeless (OC), coming to the close of its 24th year of operation, consists of: two homeless resource centers - one for single adult men, one for single adult women; one emergency shelter for families; and eight residential programs for the chronically homeless, elderly, disabled, single women, mentally ill, veterans, and men and women in school/work programs. The veterans program is a transitional living center, the balance is permanent housing.

Community Funding

Funding received through HUD, and more specifically the Continuum of Care (CoC) is the primary funding stream for our community. The chart on the following page tracks community CoC funding from 2005 forward.



Key points include:

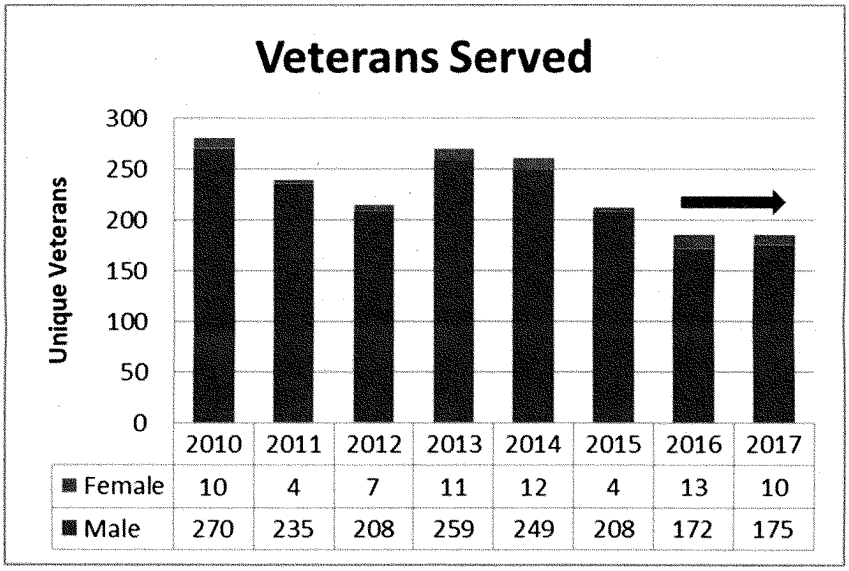
- The community, overall, has lost funding in the amount of $552,971 or 20.1% from 2014 forward. All funding through the CoC is now directed toward housing, increased inventory.
- The community has lost funding, and associated services, under CoC, associated with support services, equal to $1,211,158 per year. The support services include; mental health care, youth services, transportation, day care, legal, support services (case management), substance abuse, and relapse. All services focused on the homeless population in general.
- This has resulted in an increased inventory of permanent beds, but absent of support services -the efficacy of the system is jeopardized as it relates to sustainability and recidivism with a specific emphasis on the individual (i.e. return to homelessness).

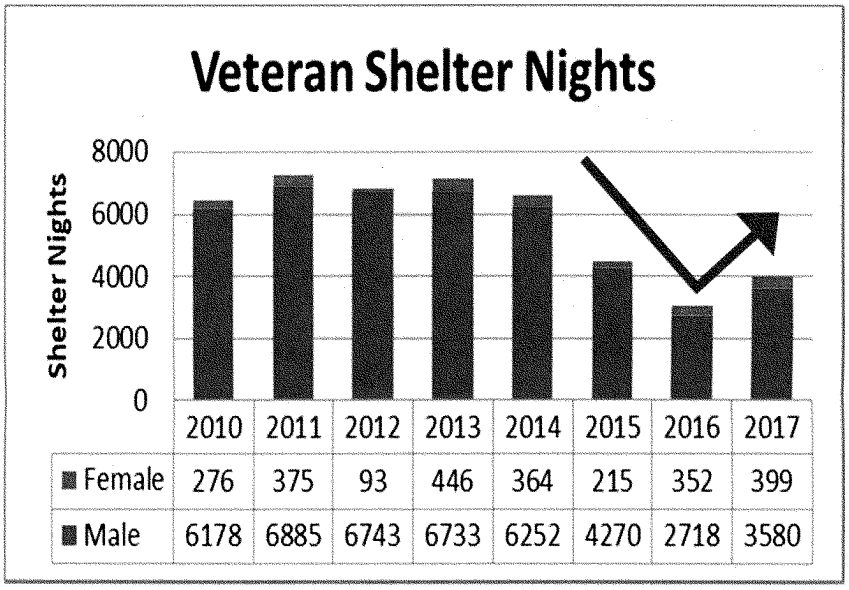
Veteran Homelessness in El Paso

In recent years, there has been a strong focus through cross-agency initiatives to end veteran homelessness, chronic homelessness, and homelessness as it relates to families and youth.

For purposes of this discussion, our comments will now be focused on the veteran homeless initiative. As stated previously, the Opportunity Center provides the only no-barrier shelter in El Paso for both men and women (separate facilities). We also operate the Veteran's Transitional Living Center (VTLC).

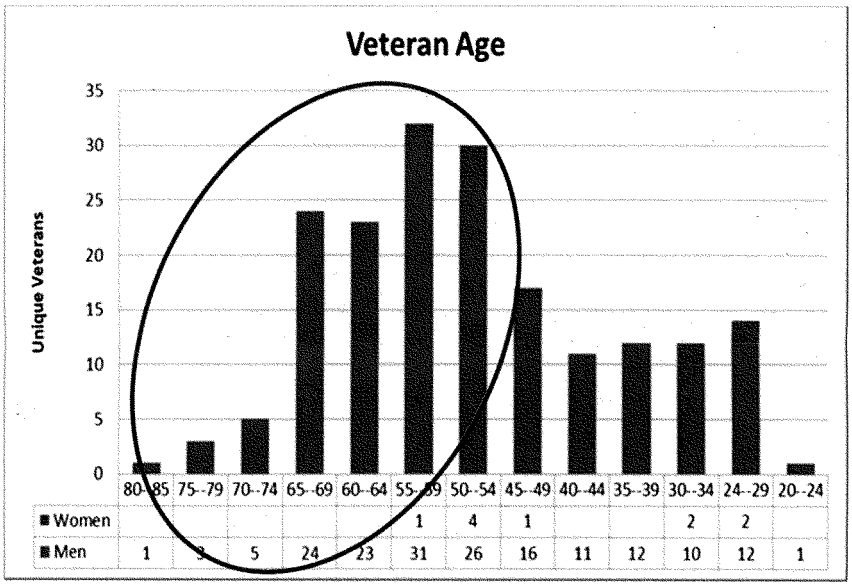
Provided on the following page, are charts which depict the number of veterans served (unique), and shelter nights, for those that access our program(s) with an emphasis on the two 24-hour resource centers (male and female) under the Opportunity Center.





In 2017, the veteran population within our shelters comprised 14% of the total population served, and utilized 19% of the total shelter nights (services).

The figures for 2017 as it relates to individuals served are level with 2016. There is an increase in veteran shelter nights by 30% in 2017 from the prior year. In digging into the data further, a majority (67.4%) are over the age of 50. Additionally, it is the older homeless veteran that consumes a majority of the shelter nights at 81% over the total veteran homeless population.



We, as with many providers who work with the homeless, observe that the hard living conditions of homelessness cause the aging process to speed up and that people living in homelessness are less likely to survive into old age. The National Coalition for the Homeless references in their Fact Sheet on the homeless elderly that street conditions are so severe that "a fifty year old living on the street may possess physical traits resembling a 70 year old."

Discussion

Recent initiatives include federal agencies working together with a common objective; in this discussion that objective is to end veteran homelessness - a goal that we as a community have not yet attained.

The City and County of El Paso has historically relied exclusively on funding received through the Department of Housing and Urban Development (HUD) to mitigate and end homelessness. HUD funding (as with the VA) has historically provided for sustainable programming within communities such as El Paso. A community with stated, limited financial resources

As demonstrated in earlier charts, we have seen an overall reduction in HUD (CoC) funding of 20% or approximately $523,000. This has resulted from a shift in funding priorities toward housing from "safety net" services. This in and of itself is not reflective of the full picture, for in reality we have lost in excess of $1,211,158 per year in service related dollars that comprise the "safety net" - services which are required in support of Housing First initiatives, and currently unavailable.

As a direct result, we have seen an increase in the number of permanent beds available to the homeless, both veteran and non-veteran but we do not have the ability to provide the appropriate support to the individual to ensure sustainability and prevent recidivism, thus reinforcing the need to provide extended care through "safety net" services.

This is further compounded by the historical, local limitation(s) imposed on recipients of permanent housing funds within our community. A majority of housing assistance is limited to three months, to include SSVF and Rapid Rehousing funds - the principal source of assistance for homeless veterans. It is recognized by all, that the two programs as a result of veteran eligibility requirements are needed to run in concert with one another - thus the need for a single Coordinated Entry process. For veterans that don't meet the SSVF eligibility requirements, HUD funding through Rapid Rehousing is the remaining option. However, with a majority of assistance being limited to three months - and with limited support upon housing placement, recidivism is occurring which leads to further displacement, trauma, and distrust with the system. This is reflective of the increased number of veteran shelter nights within our resource centers.

Sustainability is further complicated through the lack of support services for employment - one of the most critical. For one must recognize that even though housing is in place the homeless are still struggling with their own challenges that placed them within homelessness. Such challenges include poverty, high housing costs, and personal issues such as struggles with mental health and substance abuse. The desire is to integrate these individuals into their community.

Employment is recognized as one of the most critical and effective strategies in preventing and ending homelessness [4]. As such, it should be noted that:

- Given the opportunity, those that are homeless can and want to work
- Employment offered at the earliest stages of engagement with the homeless helps them develop trust, motivation, and hope.
- Work is a critical recovery tool for people with substance abuse and mental health histories, supporting their continued stability.
- Employment services offered within a supportive housing model result in increased net earnings for tenants and decreased reliance on public entitlements.
- Cost-savings and additional tax revenue provided by client income offset more than three quarters of funder investment.

Traditional employment services are based on the premise that clients must be "job ready". Employment programs need to diverge from this premise to one whose underlying philosophy is that anyone is ready for work. For in reality, the individuals have varying lengths of homelessness - in many cases for several years and they are still struggling with their personal challenges as well as having minimal work and education histories, along with criminal records. Furthermore, an individual's interest in securing employment can motivate them to take positive steps in their lives. Additionally, it is recognized that entry-level jobs often do not lead to long-term employment or financial security.

As such, this needs to be recognized under a Housing First model for individuals to view professional growth potential and career ladders as fundamental components of work experience, and thus personal security.

Closing

A successful, holistic strategy to end homelessness requires that we incorporate three basic principles in our objectives as it relates to ending homelessness; the provision of services must be person-centered, client-directed, and strengths-based.

- A person-centered approach is based on the idea that an individual is ultimately responsible for his or her self-change allowing the individual to change for the better.
- A client-directed approach means that the client ultimately decides whether to choose services and which services to choose.
- A strengths-based approach focuses on each client's strengths, skills and abilities enabling them to envision a path around obstacles and toward achievement of goals.

This requires financial, sustainable resources that are currently unavailable to our community in the form of support services to support the Housing First initiative.

Prepared Statement of Kathryn Monet

Chairmen Wenstrup and Arrington, Ranking Members Brownley and O'Rourke, and distinguished members of the House Committee on Veterans' Affairs:

I am Kathryn Monet, the Chief Executive Officer of the National Coalition for Homeless Veterans (NCHV). On behalf of our Board of Directors and Members across the country, we thank you for the opportunity to share our views with you this morning.

NCHV is the resource and technical assistance center for a national network of community-based service providers and local, state and federal agencies that provide emergency, transitional, and supportive housing, food, health services, job training and placement assistance, legal aid and case management support for hundreds of thousands of homeless, at-risk, and formerly homeless veterans each year. We are committed to working with our network and partners across the country to end homelessness among veterans.

[4] Sources Shaheen and Rio (2007) and ABT Associates (2003).

The good news is that since June of 2014, 60 communities and three states have achieved the federal benchmarks and criteria for ending veteran homelessness. This is an achievable goal. We have seen the annual point in time (PIT) count of veterans experiencing homelessness decrease by 45 percent since 2009, largely a testament to the dedication and hard work of local service providers, community partners, and VAMC staff. While in the abstract this is progress toward the goal of ending veteran homelessness, in real terms it is life changing for the veterans that were able to access housing and assistance as a result.

The bad news is that our hold on this progress is tenuous at best, as evidenced by the slight increase in the PIT count of veterans between 2016 and 2017. The increase nationwide was 585, or 1.5%, to 40,056 veterans. While 36 states and DC saw decreases in their PIT count, other communities with particularly high cost rental markets were faced with dramatic increases. From NCHV's perspective, an increase of even one veteran is one too many.

The 2017 PIT count is a stark reminder that now is not the time to take our foot off the gas pedal, or shift resources for these programs elsewhere. We need to double down on efforts to ensure that homelessness is rare, brief, and nonrecurring, for veterans and all Americans.

For communities and providers, this means looking at community-level data to identify acuity and ensure that service providers across the community have the resources, expertise, and the will to partner to meet these needs. Providers must continue to implement evidence-based strategies like Housing First that help homeless veterans quickly access permanent housing, employment, and any resources they may need for housing stability. We also need to recognize that successful implementation of this model also includes access to health and mental health care, and wraparound services like benefits assistance and employment and training services to ensure that a placement is sustainable. This also means partnering with other providers to create a system effective at connecting veterans to the most appropriate resources to meet their needs. Housing First never means housing only.

At the national level, the Department of Veterans Affairs must soon name a permanent leader for its homeless programs. While there is a deep bench of high quality candidates who have acted in this role temporarily, the position has been officially vacant since the end of 2016. Permanent leadership would improve effectiveness and send a strong signal that this issue remains a priority at VA.

Congress must ensure that the key programs that serve veterans experiencing homelessness are sufficiently funded. At NCHV, we do not advocate for the unqualified growth of resources for the sake of expanding programs. The slight uptick in the PIT count, in conjunction with rising rents across much of the country, and the series of natural disasters that occurred in 2017 leads NCHV to recommend the following authorizing and appropriations levels for the key programs below:

- Homeless Veterans Reintegration Program: $50 million
- Grant and Per Diem: $257 million
- Supportive Services for Veteran Families: $400 million
- HUD–VASH: $40 million for new vouchers

Another priority at the national level is to focus on interagency collaboration, as homelessness is a multifaceted and complex problem that differs for each veteran experiencing it. One of the best ways we can do that is to ensure the authority for United States Interagency Council on Homelessness (USICH) does not sunset. The small professional staff of policy experts and analysts at USICH is directed by a Council comprised of Cabinet Secretaries and agency heads, and their work cuts across these agencies and departments. USICH is the body which brings together different agencies with different missions, but which all have potential impacts in the attempt to end homelessness; USICH is able to convene them and set policy priorities and shared objectives to actualize the plan to end homelessness. Furthermore, from their unique cross-cutting position, USICH is able to identify and prevent duplication of services that would otherwise waste effort and resources. Finally, USICH is focused on cost-effective solutions to ending homelessness which drives them to identify and support policies that best economize tax-payer money while still achieving superior results in our efforts to end homelessness among veterans and for everyone.

We can also encourage further collaboration between VA, HUD, DOL, and their grantees to provide more seamless services to homeless veterans. One great example of interagency collaboration is the HUD–VASH program. HUD–VASH has proven to be a successful interagency program, allowing VA to focus resources more efficiently by pairing VA-funded case management with a HUD-funded Section 8 voucher for the most vulnerable veterans. The case management funding historically has been distributed to VAMCs through a special purpose designation, as the case man-

agers must be located where the vouchers are distributed to ensure this program works.

In late September of 2017, VA sent guidance to VISN Directors regarding the immediate conversion of funding for 99 line items, including HUD–VASH case management funding, from special purpose funds to general purpose funds. NCHV objects, in the strongest terms, to any conversion of special purpose homeless program funding for any purpose, especially any of the critically important funding available for HUD–VASH case management. In the 60 communities and three states which have effectively ended veteran homelessness, HUD–VASH vouchers are well-known as game changing resources that increase the availability of stable and affordable housing for chronically homeless veterans who desperately needed it.

Per 38 U.S.C. 2003(b), VA has a statutory duty to ensure that veterans in receipt of a HUD–VASH voucher have case management as needed. Every VA case manager that is currently budgeted for is desperately needed; the loss of any of these positions will lead directly to veterans not receiving the care they rely on and deserve. These case managers are already stretched thin - sometimes caring for more veterans than clinically indicated. To remove these positions would be catastrophic to the health, well-being, and housing stability of the more than 87,000 veterans and their families residing in HUD–VASH funded housing.

There is a correlation between homelessness and suicide. The risk for suicide among the homeless has been estimated at five times higher than that of the general population, and studies have shown the high prevalence of suicidal ideation and attempts among older homeless and at-risk veterans. Further, there is significant overlap between the populations of veterans experiencing homelessness and opioid use disorders. VA researchers have found that veterans seeking medication assisted treatment for opioid use disorders are ten times more likely to be homeless than veterans seeking care at VA. These highly vulnerable veterans are not the type of population that should be subject to wide variability when it comes to case management. As such, NCHV insists these funds must be used for their intended purpose.

In Summation

Thank you for the opportunity to present this testimony at today's hearing. It is a privilege to work with the House Committee on Veterans' Affairs to ensure that every veteran facing a housing crisis has access to safe, decent, and affordable housing paired with the support services needed to remain there.

Prepared Statement of Matt Miller

Introduction

Chairmen Wenstrup and Arrington, Ranking Members Brownley and O'Rourke, and distinguished Members of the Subcommittees, thank you for the opportunity to provide a statement for today's hearing on veterans' homelessness. I thank you all for your tireless efforts to ensure that America fulfills its obligations to our current servicemembers, veterans, and their families. My name is Matt Miller and I am the Deputy Assistant Secretary for Policy at the U.S. Department of Labor's (DOL, or Department) Veterans' Employment and Training Service (VETS). We work hard every day to ensure all veterans, especially those most in need, are prepared to meet their employment objectives.

Secretary Acosta stands firmly behind our country's servicemembers and veterans. He has set several clear goals that will assist our veterans in finding and retaining good jobs: (1) creating clear career pathways; (2) eliminating barriers to employment; (3) enabling and promoting apprenticeship opportunities that lead to meaningful careers; and (4) increasing the portability of licensing and credentials for military servicemembers and their spouses.

As the Department of Labor's representative on the United States Interagency Council on Homelessness (USICH), I have the opportunity to see the federal coordination efforts firsthand. The Council last met on December 12th to discuss success to-date, the work ahead, opportunities to strengthen the Federal Strategic Plan, and essential strategies driving the national progress on ending homelessness. Additionally, VETS participates in the Department of Veterans Affairs' (VA) Advisory Committee on Homeless Veterans.

Homelessness among veterans has dropped by 46 percent from January 2010 to January 2017. Yet, on a single night in January 2017, there were still 40,056 homeless veterans. For the Department, one homeless veteran is one too many. That is why we look forward to working with the Subcommittees in providing these brave

men and women who served our nation with the employment support, assistance, and opportunities they deserve to succeed in the civilian workforce.

We also note that our partnerships throughout DOL extend VETS' ability to achieve its mission, and bring all of DOL's resources to bear for America's veterans - including veterans experiencing homelessness, separating servicemembers, and their families. VETS' mission is focused on four key areas: (1) preparing veterans for meaningful careers; (2) providing them with employment resources and expertise; (3) protecting their employment rights; and, (4) promoting the employment of veterans and related training opportunities to employers across the country.

Homeless Veterans' Reintegration Program (HVRP)

One important component of the VETS mission is the Homeless Veterans' Reintegration Program (HVRP), which helps homeless veterans reenter the labor force. HVRP provides grants to state and local Workforce Development Boards, tribal governments and organizations, public agencies, for-profit/commercial entities, and nonprofit and faith-based organizations to assist in reintegrating homeless veterans into meaningful employment, and to stimulate the development of effective service delivery systems to address the complex problems they face. This program succeeds not only because of the hard work and local connections of our grantees, but also because of the collaborative efforts of our Federal and State government partners, including VHA medical centers who provide referrals to grantees and supportive services to veterans served by HVRP. These efforts help ensure that homeless veterans have access to a robust, comprehensive support network.

HVRP's client-centric, hands-on approach has placed thousands of previously homeless veterans, some of whom were chronically homeless, on a path to self-sufficiency. Historically, the Department also has funded two additional types of grants designed to address difficult-to-serve subpopulations of homeless veterans: the Homeless Female Veterans and Veterans with Families Program (HFVVWF) and the Incarcerated Veterans' Transition Program (IVTP). In addition, the Department supports "Stand Down" events (described below) and technical assistance grants.

Each HVRP participant receives customized employment and training services to address his or her specific barriers to employment. Services may include occupational, classroom, and on-the-job training, as well as job search, placement assistance, and post-placement follow-up services. Earlier this month, I had the pleasure of visiting one of our grantees in Los Angeles, CA where I met Mr. Jeremy White. Mr. White is an honorably discharged Marine Corps veteran. Prior to enrolling in our program, Mr. White had been incarcerated for seven years. He began working with our grantee, Volunteers of America in Los Angeles, this past October. When he arrived, Mr. White had no job and was experiencing homelessness. Jeremy's career developer worked with him to develop a career plan. This plan guided Mr. White to housing resources through the Department of Veterans Affairs' Supportive Services for Veteran Families program, job readiness training through a local American Job Center, and ultimately gainful employment at SoCal Construction all within four days of program enrollment.

Since his enrollment, Mr. White has been saving part of his income and is now seeking housing with the support of the SSVF program. Since beginning employment, his wages have increased from $12 to $14 an hour. Mr. White continues to be a role model for other veterans within the grant program and his success drives others to commit to their own career plans.

HVRP Program Performance

In FY 2016, DOL was appropriated $38.1 million for HVRP. With these resources, DOL funded 64 new HVRP grants, 89 option-year HVRP grant extensions, 12 HFVVWF grants, IVTP grants, and 64 Stand Down grants. These grants enrolled 16,638 participants, placing 65 percent into employment, with a cost per participant of $2,007.

In FY 2017, the HVRP program received an appropriation of $45 million with which the Department awarded 74 new HVRP grants, 81 option year HVRP grants. These grantees will provide services to over 16,230 homeless veterans, with a placement rate of 67 percent, who earned an average hourly wage at placement of $12.88 an hour.

Providing Services to Homeless Female Veterans and Veterans with Families

HVRP funds also target subpopulations of homeless female veterans and veterans with families who are experiencing homelessness. As noted in HUD's 2017 Annual

Homeless Assessment Report to Congress, homeless women veterans accounted for 11 percent of the overall homeless veteran population. The program provides direct services through a case management approach that leverages Federal, state, and local resources. Eligible veterans and their families are connected with appropriate employment and life skills support to ensure a successful integration into the workforce.

Providing Services to Incarcerated Veterans

HVRP funds also support incarcerated veterans who are at risk of homelessness by providing referral and career counseling services, job training, placement assistance and other services. Eligible participants include veterans who are incarcerated and are within 18 months of release, or are less than six months from release of a correctional institution or facility.

Stand Down and Technical Assistance

Through HVRP, the Department supports "Stand Down" events. These events, typically held over one to three days in local communities, provide an array of social services to homeless veterans. Stand Down organizers partner with Federal and state agencies, local businesses and social services providers to offer critical services, including temporary shelter, meals, clothing, hygiene care, medical examinations, immunizations, state identification cards, veteran benefit counseling, training program information, employment services, and referral to other support services.

Additionally, to assist with the Hurricane Harvey relief effort, VETS awarded $50,000 for three Stand Down events in Houston, Texas, which served a total of 756 local homeless veterans.

The HVRP grant also provides funding to the National Veterans Technical Assistance Center (NVTAC). The NVTAC provides a broad range of technical assistance on veterans' homelessness programs and grant applications to existing and potential grantees, interested employers, Veterans Service Organizations, and, Federal, state, and local agency partners.

Jobs for Veterans State Grants

VETS awards Jobs for Veterans State Grants (JVSG) to each state and territory to support two types of staff positions in the American Job Center (AJC) network: Disabled Veterans' Outreach Program (DVOP) specialists and Local Veterans' Employment Representatives (LVER) staff. DVOP specialists and LVER staff support HVRP participants by helping veterans achieve employment through case management, direct employer contact, job development, and follow-up services.

DVOP specialists provide individualized career services targeted for meeting the employment needs of disabled veterans and other veterans with significant barriers to employment, including homeless veterans. In addition, DVOP specialists often refer veterans who experience homelessness to other AJC services, such as the Workforce Innovation and Opportunity Act (WIOA) Adult and Dislocated Workers services and training. AJCs also engage in advocacy efforts with local businesses to increase employment opportunities for veterans, and encourage the hiring of veterans, including homeless veterans.

The transition from the Workforce Investment Act (WIA) to WIOA has provided an extraordinary opportunity to improve job and career options for our nation's jobseekers and workers, including veterans, through an integrated, job driven public workforce system that links diverse talent to businesses. While retaining the network of DVOP specialists at AJCs, WIOA strengthens accountability and transparency of outcomes for core programs, including establishing common performance indicators across these programs. The Department has adopted these new common performance indicators for JVSG and other VETS-administered programs to track the outcomes of veterans participating in employment and related programs. However, due to the WIOA metrics requiring several quarters to track and compute, VETS will continue to also measure the traditional HVRP measures in a more real-time environment.

Transition Assistance Program (TAP) Employment Workshop

VETS also administers a mandatory three-day TAP Employment Workshop and optional Career Technical Training Track courses to help prepare transitioning servicemembers for a successful transition out of the military. All transitioning servicemembers are evaluated throughout the transition process and if an individual is evaluated as not meeting one or more Career Readiness Standards that are appli-

cable to the Department of Labor during their transition, the individual's commander/designee facilitates a "warm handover" of the servicemember to the public workforce system for a review of the employment services available through AJCs and to facilitate access to individualized career services. A warm handover is also provided to Service members transitioning with an Other Than Honorable Discharge or without a viable post-transition housing plan or transportation plan. Such warm handovers can be accomplished by introducing the servicemember to a local AJC staff member (on or near the military base), connecting them to the AJC nearest their eventual destination, or through a facilitated call from the servicemember to the DOL Toll-Free Help Line (1–877–US2–JOBS or 1–877–872–5627), and/or to services provided by the Department of Veterans Affairs. Programs such as TAP have been instrumental in working to ensure transitioning servicemembers are in the best possible position to avoid the issues that the vulnerable population may face prior to their transition.

HIRE Vets Medallion Program

This past November, the Department announced the HIRE Vets Medallion Program to recognize organizations that have invested in employing and retaining veterans. The HIRE Vets Medallion Program is a powerful way that companies can signal their investment in veterans' careers. The Department believes encouraging employers to hire veterans-including veterans who are experiencing or who have recently exited homelessness-is essential for national success in preventing and ending homelessness among veterans. Secretary Acosta states, "through their military service, America's veterans have leadership skills, technical expertise, and proven problem-solving capabilities. These are attributes that any employer would want." All organizations with at least one employee are eligible to apply for a HIRE Vets Medallion. The Secretary of Labor will recognize applicants with an award and a virtual HIRE Vets Medallion that can be placed on websites, used in social media, and in printed materials.

Later this year, DOL will launch a demonstration for the HIRE Vets Medallion program to prepare for the full implementation of the program. This coming Veterans Day, the Department will recognize up to 300 organizations for their contributions to veteran recruitment, employment, and retention.

Studies and Legislative Proposal

DOL's Chief Evaluation Office recently sponsored two independent studies of the HVRP program. In 2016, a Formative Evaluation of HVRP was completed. This study documented the types of services and support offered by HVRP grantees. It identified potentially promising practices or models and provided recommendations for future program development and evaluation. Study findings were based on a combination of site visits, literature reviews, and statistical analysis of HVRP administrative data. VETS has already acted on many recommendations and is using the results of the study to improve program operations. [1]

Building on the learnings from the formative study, in September of 2017, DOL funded a long term Impact Evaluation Study of HVRP. [2] The goals for this study are to evaluate the effectiveness of HVRP on participants' employment outcomes, using the most rigorous design feasible (experimental or quasi-experimental methods); and to conduct an implementation evaluation to understand program models and variations, partnerships, and the homeless veterans served. For all of these individuals, the study design is expected to incorporate an extensive array of descriptive and outcome information. This project is expected to conclude in the fall of 2022 and will include detailed data on the long-term employment outcomes for HVRP program participants. VETS looks forward to sharing the findings of this study with the members of the Subcommittees.

In our most recent Annual Report to Congress, DOL recommended a technical amendment to the definition of homeless veteran at 38 U.S.C 2002(a)(1) so as to include persons who are considered "recently housed," defined as an individual who now has stable living conditions, but was considered to meet the definition of "homeless veteran" within the previous 60 days of requesting services. Studies have shown

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[1] Department of Labor. (2017, December 21) Formative Evaluation of the HVRP Report. Retrieved from https://www.dol.gov/asp/evaluation/completed-studies/Formative—Evaluation—of—the—Homeless—Veterans—Reintegration—Program—Report.pdf.

[2] Department of Labor. (2018, January 4) Chief Evaluation Office Current Study Homeless Veterans Reintegration Program Impact Evaluation Description. Retrieved from: https://www.dol.gov/asp/evaluation/currentstudies/Homeless-Veterans-Reintegration-Program-Impact-Evaluation.htm

that barriers to employment still exist after immediate housing needs are met, and individuals still run a risk of becoming homeless again.[3] This recommendation is especially critical now; as communities have become more successful at helping veterans to exit homelessness more quickly, the current definition creates an unintended barrier for those veterans to be able to access the employment services and opportunities that will help ensure that they do not experience homelessness again.

Conclusion

We at the Department of Labor are committed to working with our federal, state, and local partners to achieve the goal of ending veteran homelessness, and we look forward to working with the Committee to ensure the continued success of our efforts. Chairmen Wenstrup and Arrington, Ranking Members Brownley and O'Rourke, and distinguished Members of the Subcommittees, this concludes my statement. Thank you again for the opportunity to testify today. I am happy to answer any questions that you may have at this time.

Prepared Statement of Dominique Blom

Introduction

Good afternoon Chairman Wenstrup, Chairman Arrington, Ranking Member Brownley, Ranking Member O'Rourke and members of the subcommittees. Thank you for this important opportunity to discuss the efforts of the Department of Housing and Urban Development (HUD) and our federal partners to end veteran homelessness in the United States.

HUD is committed to ending veteran homelessness by working collaboratively with our partners and maximizing the effectiveness of all existing resources. Thanks to funding from Congress and close collaboration among federal and local partners, the nation has continued to make progress in addressing veteran homelessness and creating sustainable federal and local systems that quickly respond to homelessness.

General HUD Homeless Assistance Programs

HUD's Office of Community Planning and Development (CPD) provides about $2.4 billion annually to communities to help end homelessness. Funding is primarily used for permanent supportive housing, which successfully houses people with long histories of homelessness and significant disabilities. Permanent supportive housing has proven to reduce hospitalization and emergency room utilization while dramatically improving the well-being of the people it serves. HUD also provides funding for rapid re-housing, a cost-effective strategy that helps people move quickly into housing, provides short-term financial assistance, and provides supportive services to help the formerly homeless stabilize in their housing, increase their employment and income, and connect them to community supports. HUD also supports emergency shelter, transitional housing, and many other types of assistance dedicated to ending homelessness.

In 2017, approximately 17,000 veterans were served using $97 million through HUD's Continuum of Care (CoC) program. Most of that funding is for permanent supportive housing that houses approximately 10,000 veterans with disabilities. Thousands more veterans are served with rapid re-housing, emergency shelter, and other assistance.

Housing and Urban Development - Veterans' Affairs Supportive Housing (HUD–VASH)

HUD–VASH is part of the Housing Choice Voucher (HCV) program in the Office of Public and Indian Housing (PIH). The HCV program currently houses over 2.2 million families and had an annual budget of over $20 billion in 2017. HUD–VASH is the only PIH program dedicated to homeless veterans; however, many formerly homeless families, including veteran families, are assisted in the regular HCV program.

The HUD–VASH program has been very successful in its approach to addressing veteran homelessness. The program provides long-term housing assistance to the most vulnerable veterans experiencing homelessness by combining HCV rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for partici-

[3] Department of Labor. (2017, December 21) VETS 2016 Annual Report to Congress. Retrieved from https://www.dol.gov/ vets/media/VETS—FY16— Annual—Report—to— Congress.pdf.

pating veterans at VA medical centers (VAMCs) and community-based outreach clinics.

In the HUD–VASH program, the local VA case managers screen and determine veteran eligibility for the program. These HUD–VASH eligible veterans are then referred to the partnering Public Housing Authority (PHA) to receive their housing voucher assistance. By agreeing to administer the HUD–VASH program, the PHA is relinquishing its authority to determine the eligibility of families in accordance with regular HCV program rules and PHA policies with one exception: PHAs are required to prohibit admission of any member of the household subject to a lifetime registration requirement under a state sex offender registration program.

A total of $675 million has been appropriated in new HUD–VASH funding to date. HUD–VASH vouchers are renewed based on actual leasing, as is the case for the HCV program generally. When a household leaves the program, their voucher is typically reissued to another eligible household. Since 2008, over 131,000 veterans and their families have moved into housing with a HUD–VASH voucher. As of the last day of FY2017, more than 77,000 veterans and their families were housed with a HUD–VASH voucher.

HUD–VASH vouchers are specifically targeted to communities based on geographic need, meaning the size of the eligible population. Every year since 2008, HUD and VA have collaboratively awarded new HUD–VASH vouchers based on geographic need and administrative capacity. A total of 87,864 HUD–VASH vouchers have been awarded to PHAs between 2008 and 2016. Of these, about 4,700 were awarded through a competitive set-aside as project-based vouchers (PBV), in which the rental subsidy is assigned to a specific housing unit rather than provided to a veteran to find a unit in the private market to rent. PBV have proven to be an effective tool to help address the need for HUD–VASH in high-cost rental markets or where there is a lack of affordable housing stock. In addition to the HUD–VASH vouchers specifically awarded as PBV, PHAs, with the support of their local VA partners, have the ability to convert any of their existing HUD–VASH vouchers to PBV. The Housing Opportunity Through Modernization Act of 2016 (HOTMA) made this process even easier for PHAs. PHAs can now convert any of their existing HUD–VASH portfolio without additional approval by HUD. HUD will be awarding approximately 5,500 new HUD–VASH vouchers with the additional $40 million in HUD–VASH funding that was appropriated in FY2017 and has worked with VA and United States Interagency Council on Homelessness (USICH) to determine the processes and priorities for this award process, as has been the case in past years as well.

We realize the distribution of homeless veterans across the country has changed since 2008. For this reason, HUD and VA are working collaboratively to develop a process for recapturing unused HUD–VASH vouchers from communities that no longer need them. We will then reallocate these vouchers to current high-need communities.

To fulfill our commitment to ending veteran homelessness, it is important to remember that we must serve all veterans experiencing homelessness, including those not eligible for VA services. To achieve this, HUD has been working with VA and CoC-funded local supportive service providers to test a process that allows PHAs to partner with local, VA-designated service-providers and use a portion of their existing HUD–VASH vouchers to assist those homeless veterans with an other-than-dishonorable discharge who do not qualify for VA health care.

These efforts around HUD–VASH demonstrate HUD's commitment to optimize the effectiveness of the HUD–VASH program and allow for local flexibility in addressing the homeless veteran population.

Tribal HUD–VASH

The Tribal HUD–Veterans Affairs Supportive Housing, or "Tribal HUD–VASH," pilot program provides rental assistance and supportive services to veterans who are Native American and experiencing homelessness, or at risk of homelessness, while living on or near a reservation or other Indian areas. Veterans participating in this program are provided housing assistance through HUD and supportive services through VA to foster long-term stability and prevent a return to homelessness.

The pilot was first authorized in the Consolidated and Further Continuing Appropriations Act, 2015–Public Law 113–235, approved December 16, 2014-and Congress has continued its support in subsequent years by enacting funds for renewal grants and modest expansion. Thirty tribes or tribally designated housing entities were invited to participate in the program based on their level of need and administrative capacity; ultimately, 26 of those invited submitted applications and were awarded grants totaling $5.9 million to fund approximately 500 units of rental assistance for veterans and their families, and to fund associated administrative costs. HUD will

renew those grants, and potentially fund additional grants or units of assistance, using funding provided in the Consolidated Appropriations Act of 2017.

Implementation of the program is overseen by HUD's Office of Native American Programs (ONAP) within the Office of Public and Indian Housing; and VA is responsible for providing case management services and referring eligible veterans for housing assistance. As of November 2017, 281 total veterans were receiving case management services, and of those, 214 veterans had been housed under the Tribal HUD–VASH program. The program is producing tangible results, housing Native American veterans and their families who were living in severely inadequate units-without running water, heat or electricity-or in overcrowded living conditions.

In FY2017, HUD worked with VA to produce three regional joint trainings for tribal grantees and key stakeholders, VA Case Managers, and HUD Grants Management staff. The trainings provided an opportunity for the respective staffs to share ideas and enhance the cross agency and local working relationships that are key to this program's success.

Continued Collaboration with VA and USICH

HUD has worked closely with VA for many years administering HUD–VASH. Together, HUD, VA, and the USICH have implemented a joint decision-making structure known as "Solving Veterans Homelessness as One" (SVHO) where the agencies jointly administer the programs and policies related to veteran homelessness and develop and implement a range of strategies for preventing and ending veteran homelessness. This structure allows us to jointly review data on HUD–VASH and other programs and to coordinate policymaking to ensure our assistance is integrated and impactful.

This collaboration has also helped us improve utilization in the HUD–VASH program, coordinate the implementation of the Tribal HUD–VASH program, better target available assistance to those with the highest needs, and ensure resources are prioritized for communities with greater numbers of veterans experiencing homelessness.

HUD, VA, and USICH have also used the structure of SVHO to work together to create a set of standards to evaluate whether communities have ended veteran homelessness. Since 2014, more than 880 mayors, city and county officials, and governors have set a goal of ending veteran homelessness in their communities. As of January 11, 2018, 60 communities across 30 states have achieved the goal.

The agencies also collaborate on the implementation of Coordinated Entry Systems, meaning a system that is easy for veterans and other persons experiencing homelessness to access. Coordinated Entry ensures that a person experiencing homelessness has simple access to housing and other homelessness resources. The collaboration between HUD and VA ensures that veterans have access to all the resources in a community, including VA dedicated resources, no matter where and how they access assistance.

Technical Assistance for Communities

Since the ability of any community to meet the goal of ending veteran homelessness depends on the strength of each community's leadership and successful implementation of proven strategies, HUD and its federal partners are committed to helping communities get there. In addition to providing funding for homeless assistance, HUD supports several technical assistance initiatives that have helped reduce veteran homelessness. The Built for Zero and Vets@Home initiatives help communities implement best practices and learn from the success of other communities. Both initiatives were designed with the explicit goal of helping communities reach the goal of ending veteran homelessness.

In 2012, HUD and VA partnered with the 100K Homes Campaign and Rapid Results Institute to hold "bootcamps" for 13 HUD–VASH communities. The events brought together PHA, VA, CoC, and HUD staff as community-centered groups to map their processes and come up with ways to improve them in creative and collaborative ways. These bootcamps were extremely successful and helped to get the HUD–VASH program utilization to where it is today. This bootcamp model has since been used to inform the continuing collaborative process for HUD–VASH and the roll out of Tribal HUD–VASH.

Some best practices have included incorporating HUD–VASH in a larger coordinated entry system to ensure there are multiple access points for veterans seeking help, coordinated outreach efforts to locate all veterans in need of assistance, and better data sharing across systems to ensure veterans do not fall through the cracks.

HUD has worked with our partners to identify specific strategies for utilizing HUD–VASH vouchers in high-cost, low-vacancy communities. These are often the

same communities with the greatest need. In addition to converting HUD–VASH to PBV, PHAs have used their flexibility to increase their payment standard, including the adoption of exception payment standards, to be competitive in the private market. Another strategy has been intensive landlord outreach and maintaining landlord relationships. PHAs have also been able to connect with local service providers that are able to assist veterans in their housing search.

In the coming year, HUD will continue to help communities with targeted assistance. We will be launching a technical assistance initiative focused on helping communities with high numbers of unsheltered people experiencing homelessness, including high numbers of unsheltered veterans. The initiative will focus on helping those communities implement best practices that have helped end veteran homelessness in cities such as Houston, New Orleans, and Las Vegas. HUD is also providing assistance to rural communities to help increase their capacity and address uniquely rural challenges for veterans such as transportation.

Results

Each year, communities across the country conduct point in time counts of people experiencing homelessness. The count, held at the end of January 2017, includes people living in shelters as well as people sleeping on sidewalks, in parks, in cars, or in other places not meant for human habitation. Based on that count, veteran homelessness increased by 1.5 percent (585 veterans) between 2016 and 2017, but has declined by 46 percent (a decrease of 34,031 veterans) since 2010. This kind of reduction is historic, and HUD–VASH has been a primary reason for this progress. Most communities across the country actually showed a decline in veteran homelessness. However, sharp increases in several communities with extremely high housing costs led to an overall increase.

A robust body of evidence shows that the combination of permanent supportive housing, rapid re-housing, and other targeted interventions can indeed end homelessness. Although there was a small increase last year, the long-term national trend and the results in the many communities that have ended veteran homelessness show the positive results of a coordinated effort.

Conclusions

Despite this slight increase in national veteran homelessness in 2017, a great deal of progress has been made in the way we work together to address veteran homelessness. However, we acknowledge that there is still a lot of work to be done. The HUD–VASH program continues to be a model for interagency collaboration and one of the best tools we have for ending veteran homelessness. We must continue to find ways to maximize the effectiveness of the HUD–VASH program, while also assisting communities in utilizing all available homeless assistance resources.

Thank you again for this opportunity to describe HUD's efforts to end veteran homelessness.

Prepared Statement of Thomas Lynch, M.D

Good afternoon Chairman Wenstrup, Chairman Arrington, Ranking Member Brownley, Ranking Member O'Rourke and Members of the Subcommittees. I appreciate the opportunity to discuss the Department of Veterans Affairs' (VA) commitment to ending homelessness among Veterans. I am accompanied today by

Dr. Keith Harris, Director of Clinical Operations, VHA Homeless Programs Office.

Introduction

VA remains committed to the objective of ending Veteran homelessness, and pursues that objective in close collaboration with our Federal agency partners, leading national organizations, State and local government agencies, Veteran Service Organizations, and other nonprofit partners in communities across the country. The ultimate goal is to make sure that Veterans have permanent, sustainable housing with access to high-quality health care and other supportive services, and that Veteran homelessness in the future is prevented whenever possible or is otherwise rare, brief, and nonrecurring. VA and our partners are striving to implement a systemic end to Veteran homelessness. VA, the Department of Housing and Urban Development (HUD) and the U.S. Interagency Council on Homelessness (USICH), have developed criteria for that systemic end of Veteran homelessness, including that communities across the country that have identified all Veterans experiencing homelessness, are able to provide shelter immediately to any Veteran experiencing unsheltered homelessness, provide service-intensive transitional housing in limited

instances, have the capacity to help Veterans swiftly move into permanent housing, and have resources, plans, and systems in place should any Veteran become homeless or be at risk of homelessness in the future. VA also continues to integrate resources in the homeless program to address mental health concerns and/or substance use disorders (SUD) of homeless Veterans and those at risk of becoming homeless, with an emphasis on evidence-based treatment and suicide prevention. Efforts in support of this include mandatory suicide prevention training for all homeless program employees, and the inclusion of SUD specialists in homeless programs.

Current Progress

The number of Veterans experiencing homelessness in the United States declined by nearly half since 2010. To date, 60 communities, across 30 States, have been confirmed by VA, HUD, and USICH as having achieved the goal of effectively ending Veteran homelessness. Nationally, the total number of homeless Veterans, including those in sheltered and unsheltered locations on a single night in January 2017, was just over 40,000. While this represents a slight increase in Veteran homelessness over 2016, decreases in Veteran homelessness in the majority of HUD Continuums of Care in 2017, coupled with the overall decline in Veteran homelessness since 2010, demonstrate that the evidence-based strategies employed by VA and its partners to help Veterans become and remain permanently housed are working. In addition, over 600,000 Veterans and their family members have been permanently housed, rapidly rehoused, or prevented from falling into homelessness through HUD's targeted housing vouchers and VA's homelessness programs.

Ending Veteran homelessness is not a single event in time; rather, it is a deliberate effort made to achieve the goal, and continued follow-up efforts to make sure that progress toward achieving the goal is maintained. We continue to identify innovative local solutions, especially in areas where higher rents have contributed to an increase in Veteran homelessness.

VA dramatically increased the number of services available to Veterans who are at risk for or currently facing homelessness. These programs and initiatives focus on identifying, interceding, and rapidly engaging homeless and at-risk Veterans on matters concerning housing, clinical care, and social services, as well as resources aimed at preventing homelessness. These programs include:

Housing and Urban Development - Veterans Affairs Supportive Housing (HUD–VASH): Through this collaborative program between HUD and VA, HUD provides eligible homeless Veterans with a Housing Choice rental voucher, and VA provides case management and supportive services so Veterans can gain housing stability and recover from physical and mental health problems, substance use disorders, and other issues contributing to or resulting from homelessness. The program goals are to help Veterans and their families gain stable housing while promoting full recovery and independence in their communities. As of the last day of Fiscal Year (FY) 2017, 83,459 total HUD–VASH vouchers were in use and 77,850 Veterans were housed and are no longer homeless. Understanding that there are homeless Veterans who are not eligible for VA health care, and to further progress toward the goal of ending Veteran homelessness, HUD and VA are jointly piloting efforts to provide a small number of HUD–VASH vouchers to those who are ineligible for VA health care because of a disqualifying "other than honorable" discharge. This program allows communities that are able to demonstrate they have served and continue to prioritize eligible Veterans to provide a portion of their vouchers to former Servicemembers who do not qualify for VA benefits. As of the last day of FY 2017, 83,459 total HUD–VASH vouchers were in use and 77,850 Veterans were housed and are no longer homeless.

Homeless Providers Grant and Per Diem (GPD): The GPD program allows VA to award grants to community-based agencies to operate transitional housing programs and offer per-diem payments to such agencies that furnish authorized services to qualifying Veterans. The purpose of the program is to promote the development and provision of temporary housing and/or related services with the goal of helping homeless Veterans access permanent housing, achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. GPD-funded projects offer communities a way to help homeless Veterans by providing housing and other services, and at the same time assist VA medical centers (VAMC) by augmenting or supplementing care. As a result of section 712 of Public Law 114–315 (codified at 38 United States Code (U.S.C.) § 2013), the GPD program is able to offer a new case management grant to improve retention of permanent housing for formerly homeless Veterans exiting transitional housing programs. In FY 2017, over 600 GPD-funded projects participated in the program, which tempo-

rarily housed 23,737 Veterans - 14,530 of whom exited GPD into permanent housing.

Supportive Services for Veteran Families (SSVF): This program is designed to rapidly rehouse homeless Veteran families and prevent homelessness for those at imminent risk of becoming homeless due to a housing crisis. Funds are granted to private nonprofit organizations and consumer cooperatives, which then provide very low-income Veteran families with a range of supportive services designed to promote housing stability. SSVF is the only VA homeless program that can provide direct services to family members. In FY 2017, 21 percent of all those served by SSVF were dependent children. SSVF's ability to serve Veterans and their children helps keep families together. In FY 2017, SSVF assisted 129,458 individuals; 83,916 were Veterans, and 27,535 were children.

Veterans Justice Outreach (VJO): The purpose of the VJO program is to prevent homelessness and avoid the criminalization of mental illness and extended incarceration among Veterans. This is accomplished by ensuring that eligible justice-involved Veterans encountered by police, in jails, or in courts have timely access to VA mental health, substance use treatment, and homeless services when clinically indicated, and other VA services and benefits as appropriate. In FY 2017, VJO provided services to over 46,000 justice involved Veterans.

Health Care for Reentry Veterans (HCRV): The HCRV program is designed to address the needs of incarcerated Veterans when it comes to re-entering their communities. The goals of HCRV are to prevent homelessness; reduce the impact of medical, psychiatric, and substance use problems on community readjustment; and decrease the likelihood of re-incarceration for those leaving prison. In FY 2017, the program served 9,732 Veterans and provided services to 890 Federal and State prisons.

National Call Center for Homeless Veterans (NCCHV): The NCCHV, which can be reached at 1–877–4AID VET (1–877–424–3838), was founded to ensure that homeless and at-risk Veterans have free, 24/7 access to VA staff. The hotline is intended to assist homeless and at-risk Veterans and their families; VAMCs; Federal, State, and local partners; community agencies; service providers; and others in the community. In FY 2017, NCCHV received more than 131,310 total calls, 80,777 from Veterans. More than 59,000 Veterans were referred to the homeless programs at their local VAMCs.

Health Care for Homeless Veterans (HCHV): The central goal of the HCHV program is to reduce homelessness among Veterans by connecting homeless Veterans with health care and other needed services. This program provides per diem payments to community-based facilities that provide housing; outreach services; case management services; rehabilitative services, and care or treatment to all eligible homeless Veterans. The program also provides HCHV Contract Residential Services, ensuring that chronically homeless Veterans, especially those with serious mental health diagnoses and/or substance use disorders, can be placed in VA or community-based programs that provide quality housing and services that meet their specialized needs. In FY 2017, over 6,300 Veterans exited the HCHV program, and entered independent housing. HCHV is also responsible for the Coordinated Entry Initiative, providing guidance to VAMCs on their participation in their partner Continuums of Care coordinated entry systems.

Homeless Veterans Community Employment Services (HVCES): To help improve employment outcomes and connect with homeless Veterans who are the most difficult to reach, VA continues to support Vocational Development Specialists, who serve as Employment Specialists and Community Employment Coordinators within HVCES. HVCES staff members are embedded in homeless program teams within the medical center, complement existing medical center-based employment services, and are a bridge to employment opportunities and resources in the local community. In FY 2017, roughly 7000 Veterans existed homeless residential programs with employment. VA staffmembers work very closely with their colleagues at the Department of Labor (DOL), especially through the Homeless Veterans Reintegration Program (HVRP) and Jobs for Veterans State Grants (JVSG), which are two programs that address the employment needs of homeless Veterans.

Homeless Patient Aligned Care Teams (H–PACT): H–PACTs provide a coordinated "medical home" tailored to homeless Veterans' needs. H–PACTs are open-access, provide wrap-around care and case management, and are performance-based and accountable. At selected VA facilities, Veterans are assigned to an H–PACT that includes a primary care provider, nurse, social worker, homeless program staff,

and others who offer medical care, case management, housing assistance, and social services. The H–PACT provides and coordinates the health care that Veterans may need while helping them obtain and stay in permanent housing. Patients engaged in an H–PACT were permanently housed 81 days faster than a non-H–PACT enrolled homeless patient. In FY 2017, H–PACTs provided care for almost 20,000 Veterans at 63 locations.

The National Center on Homelessness among Veterans (the Center): Authorized by section 713 of Public Law 114–315 (38 U.S.C. § 2067), the Center promotes recovery-oriented care for Veterans who are homeless or at-risk for homelessness by carrying out and promoting research; assessing the effectiveness of VA programs; identifying and disseminating best practices; integrating evidence-based and best practices into polices, programs, and services for homeless or at-risk Veterans; and serving as a resource for research and training activities carried out by VA and by other Federal and non-Federal entities with respect to Veteran homelessness.

Community Resource and Referral Centers (CRRC): CRRCs are a collaborative effort of VA, communities, service providers, and agency partners. Centers are located in strategically selected areas to provide both a refuge from the streets and a central location to engage homeless Veterans in services. The goals of CRRCs include: (1) to provide Veterans with more efficient and better-coordinated access to the range of VA and community-based services and programs that can best address their needs; and (2) to support a more efficient and cost-effective delivery of that support to Veterans. When Veterans enter these centers, they are referred to physical and mental health care resources, job development programs, housing options, and other VA and non-VA benefits. In FY 2017, over 29,000 Veterans received services through VA's 31 CRRCs.

Domiciliary Care for Homeless Veterans (DCHV): The DCHV program provides time-limited residential treatment to homeless Veterans with mental health and substance use disorders, co-occurring medical concerns, and psychosocial needs such as homelessness and unemployment. In FY 2017, over 7,000 Veterans received services through the DCHV program.

Homeless Veterans Dental Program (HVDP): HVDP helps increase the accessibility of quality dental care to homeless and certain other Veteran patients enrolled in VA-sponsored and VA partnered homeless rehabilitation programs. In FY 2017, over 15,430 Veterans were provided dental care through HVPD.

Future State

Maintaining strong support for Federal housing and homelessness programs is essential for preventing and reducing Veteran homelessness Overall, the message is positive: communities, in partnership with VA, are preventing and reducing Veteran homelessness.

Recently, in an attempt to give VAMC facilities more control over homeless funds that directly impact the Veterans they serve, VA proposed a conversion of Specific Purpose funding to General Purpose funding, including funding in support of HUD–VASH. We received feedback from some of our valued internal and external partners that they need additional information from us about this conversion, and that we need to have more discussions with them before proceeding. As a result, VA will continue to pause plans to reallocate funds from specific purpose funds to general funds in FY 2018 to allow time to evaluate the feedback we are receiving from our stakeholders and partners. Over the next several months, VA will engage in a formal interagency process to solicit further input to ensure that any realignment of funds best supports our Nation's Veterans.

VA's way forward is to work with Federal partners to implement the elements of our interagency strategic plan to end Veteran homelessness. Important strategic objectives include enhancing integrated services for homeless Veterans struggling with suicide risk and SUD, addressing high need communities by recapturing and reallocating available resources, emphasizing efforts to improve employment outcomes, addressing prevention of new episodes of homelessness as well as recidivism, and fully committing to coordinated entry efforts in local communities. VA's strategy for addressing the needs of homeless and at-risk Veterans will be improved by integrating suicide prevention, mental health, and substance use disorder resources with the programs that are currently available through VA's Homeless Program.

Of the Veterans assessed by VA homeless programs in FY 2017, 57 percent who are at risk of homelessness, or currently homeless, have a mental health diagnosis and 46 percent have a substance use disorder. Additionally, VA research shows that nearly a third of Veterans receiving care for suicidality showed evidence of homelessness. It is critical that VA addresses this aspect of Veteran homelessness in

order to save their lives. Therefore, our Homeless Program is working with our Mental Health and Suicide Prevention offices to identify ways in which we can harness our collective resources to respond to this clinical priority.

In order to end Veterans' homelessness, VA's efforts must comprehensively be linked with local community efforts. VA's Federal partners, including DOL and HUD, require that all communities develop and operate a coordinated entry system (CES) for all homeless individuals, including Veterans. CES is a critical element in our continued effort to end Veteran homelessness because it ensures coordination of community-wide services for Veterans experiencing homelessness, system-wide awareness of the availability of housing and services, and easy access to and appropriate prioritization for these resources for Veterans who are in need. VA is committed to participating in this national effort.

VA's plan is to expand prevention and diversion efforts. We must reduce the flow of Veterans into homelessness if we are to continue the decline nationally, as tracked by HUD's Point-in-Time (PIT) count. After six years of consistent progress, the 2017 PIT Count data shows a mix of continued declines in Veteran homelessness in most communities, but stalled progress in others due largely to high rent and low vacancy rates. We are continuing to promote development of affordable and permanent supportive housing. We are also working with all partners to encourage efforts aimed at financing and developing additional housing stock in order to address the market factors that contributed to increases in 2017.

Conclusion

When Veterans become homeless or even at-risk for homelessness, VA and its Federal, State, and community partners must work together to rapidly connect them with appropriate assistance to provide housing stability. Sustaining the momentum and preserving the gains made so far requires continued attention and investments of financial resources. Failure to provide such resources will severely jeopardize our ability to sustain our progress and will put at risk thousands of Veterans and their families in the future. It is critical that we do not allow Veterans to slip into homelessness in the future.

Mr. Chairman, this concludes my testimony. My colleague and I are prepared to answer any questions.

Statements For The Record

Disabled American Veterans (DAV)

Statement of Shurhonda Y. Love, Assistant National Legislative Director

Thank you for inviting DAV to submit testimony for the record for today's hearing to examine the effect of federal agencies' efforts [including those of the Department of Veterans Affairs (VA), Housing and Urban Development (HUD) and Department of Labor (DOL)] to reduce homelessness among our nation's veterans. DAV was also asked to assess the impact of VA's decision to realign specific purpose funds for homeless programs.

Any veteran can experience homelessness and we recognize that many veterans are at higher risk for becoming homeless due to service-incurred and war-related disabilities and/or reintegration challenges following military deployments. This is particularly true of women veterans. DAV Resolution 239 directs DAV to support sustained sufficient funding to improve services for homeless veterans. For this reason, DAV urges Congress to give homeless veterans programs priority consideration within the federal government's planning and budgeting activities.

As you know, homelessness is a complex problem often stemming from mental illness, substance use disorders, unemployment, lack of basic independent life skills and disabilities. Homeless individuals often struggle with several of these issues concurrently. For veterans, homelessness can be further complicated by unsuccessful attempts to reintegrate into families, careers, and communities after deployments. Service-incurred or exacerbated disabilities, such as post-traumatic stress disorder, depression, anxiety, substance use disorders, traumatic brain injury or other physical disabilities can further complicate these issues.

For the most part the federal government's enhanced efforts to assist homeless veterans in recent years has been a good news story. Since 2009, homelessness among veterans has decreased by almost half (46 percent); between 2015 and 2016 the number of homeless veterans decreased by 17 percent. Some states and communities have declared that their homeless veterans' populations have been virtually

eliminated. VA and advocates often credit VA's "Housing First" policy with its success. Securing stable housing with aggressive case management is often the linchpin to obtaining the services and benefits veterans need to launch their recovery.

The bad news is that there are now indicators that some of the remarkable progress made on reducing homelessness among veterans may be eroding, particularly in high-cost metropolitan areas such as New York City and Los Angeles where affordable housing is scarce. Los Angeles City and County alone identified a 26 percent increase in homelessness between 2016 and 2017. This led to a slight increase in homelessness among veterans overall (1.4 percent between 2016 and 2017). According to HUD, individuals with long-term disabling conditions were the most likely to be affected by homelessness during this past year.

The National Coalition on Homeless Veterans (NCHV) also indicates that flat funding for many of the VA's pillar programs in fiscal year (FY) 2018 will not be sufficient to ensure the federal government continues to make progress reducing the number of homeless veterans. In particular it is concerned about the VETS HVRP programs in DOL (flat funded for more than a decade) and that funding for Supportive Services for Veterans Families-a program that assists veterans and families at risk for homelessness to remain in permanent housing-are not sufficient to support demand for veterans' needs. They are also concerned that there are no new requests for HUD–Vouchers. HUD–VASH is credited as the program most responsible for the reduction of veterans living on the street. As a top priority of the previous administration the HUD–VASH program grew from $5 million to almost $500 million. In 2016, VA reports it used almost 80,000 vouchers and housed 72,481 veterans. According to HUD, since 2010, the HUD/VASH program has helped almost 480,000 veterans and their families with housing, re-housing or preventing homelessness.

The decision by VA Secretary Shulkin to realign specific purpose funds to give hospital directors more control over veterans' needs specific to location within the Veterans Health Administration posed a significant concern for sufficient funding for homeless programs. In December 2017, in response to Senate appropriators and veterans' advocates, the Secretary temporarily overturned his initial decision, but the initiative took a toll.

The partnership between VA and HUD requires VA to provide intensive case management for use of housing vouchers. Diminished dedicated funding available for case management would significantly compromise the success of the subsidized housing vouchers program. VA case managers serve to ensure veterans maintain sobriety and treatment regimens and obtain necessary medical care. They can assure that benefits are secured and job training or education goals are being met. They assist in identifying community resources to meet veterans frequently cited unmet needs-such as legal assistance for a variety of issues, child care, family reconciliation assistance, financial guardianship, credit counseling, discharge upgrades, and family and marital counseling. They also help entice reluctant landlords to lease properties to veterans because the case manager serves as a reliable intermediary. Case management is essential to veterans achieving long-term housing stability and makes the HUD–VASH program optimally effective.

We are pleased that the Secretary reconsidered his decision to pull funds out of earmarked accounts, but the effect on VA's ability to support case management for HUD–VASH vouchers has already impacted programming. For example, NCHV reports that the VA facility in San Francisco indicated it will only support half of the slots it has been allotted leaving 50 of the 100 vouchers on the table. As the Secretary proceeds to determine how best to fund HUD–VASH case management in the future, DAV hopes he will carefully consider the potential negative impact of releasing these funds on the programming for some of VHA's most vulnerable veterans.

Specific purpose (or centralized) funds are designated as such to assure that resources are used for certain programs-particularly for those programs with high costs that may make them vulnerable to "raiding" for other purposes. This status is generally reserved for high visibility programs-usually those of great interest to Congress or the Administration (prosthetics and sensory aids, post-deployment mental health services for war veterans, women veterans, and polytrauma, for example).

Veterans organizations co-authoring the Independent Budget have long supported a centralized fund for prosthetics. Previously when funding for prosthetics was allocated through general purpose funds, these resources were used for other purposes. Once funds were centralized, delivery of prosthetics was more timely and predictable and veterans' complaints diminished. Having one account to fund purchases also eases tracking of expenditures to ensure funds are used for the allocated purpose.

While DAV has no resolution regarding the centralization of funding for homeless programs, we know from experience that unfencing funding is highly likely to re-

duce funding for that purpose. Re-categorizing funds as general purpose allows other local priorities to be funded, which appears to be the reason to "release" funding to the field. Secretary Shulkin indicated that medical centers would be able to use released funding from homeless programs as networks and medical centers saw fit, so long as there was demonstration of "some" commitment to helping homeless veterans. DAV is concerned that local managers, faced with numerous priorities, will use the released funds at a lower rate, resulting in insufficient funding to meet the needs of this population and continue the improvements in programs for homeless veterans made in recent years. For these reasons, we are pleased that the Administration will take more time to assess the potential effect of releasing dedicated funding for homeless programs and hope the Secretary will permanently restore specific purpose funding for these important supportive services.

Homelessness is defined under the McKinney-Vento Act as occupying public or private space not generally intended or used for sleeping, including living in the streets, cars, or those residing in emergency shelters. Some advocates believe this definition actually underestimates the population, particularly for women who are more likely to stay in unsafe housing situations (such as those with abusive domestic partners) in order to remain housed. According to researchers, veterans are at greater risk of homelessness than civilian peers. Approximately 80 percent of homeless veterans have mental health conditions or substance use disorders. PTSD and service in Iraq or Afghanistan are modest risk factors for experiencing homelessness, but socioeconomic status and behavioral health are more significant risk factors. For both women and men, being black and unmarried are significant risk factors. Recipients for disability compensation are at lower risk of homelessness, possibly because the steady income may assist a veteran in obtaining stable housing.

Women veterans are at especially high risk of homelessness (with increased risk of 2.4 percent compared to 1.4 percent of male veterans). Loss of employment and dissolution of marriages contributes to women being at higher risk for homelessness and living in poverty than civilian peers or male veterans. Homeless women veterans tend to be younger than male peers, and 21 percent of women veterans have dependent children and they are 8 percent more likely to have non-military related PTSD. They are more likely to seek intensive services for treatment of mental health issues than their male peers. Additionally, because of their increased likelihood of having dependents which gives them priority for housing vouchers, women are 19–20 percent more likely to be referred to HUD–VASH programs than men. For these reasons, policy changes effectuating cuts to homeless programs may be particularly perilous for them.

VA has several evidence-based practices being used to assist homeless veterans including Mission-Vet (Maintaining Independence and Sobriety through System Integration) and Getting to Outcomes. These practices are targeted at veterans with co-occurring morbidities and are shown to keep veterans in housing placements more effectively than usual practice. About half of the veterans who have used HUD–VASH vouchers have accomplished their goals or no longer require services. Most leave the program after identifying appropriate benefits or securing employment.

Grant and per diem (GPD) programs, which provide transitional housing and supportive services through community agencies, are another important stepping stone to stable housing and recovery for disabled homeless veterans. In 2016, more than 16,500 veterans exited these programs to permanent housing; however, without the support of case management for HUD–VASH vouchers many veterans using these programs will likely struggle more to achieve stable, independent housing and lives.

In addition to housing programs, VA offers health care services specifically for homeless veterans and a range of mental health programs that meet their needs. Domiciliary programs offer a therapeutic environment for many homeless veterans, allowing them to seek intensive treatment for substance use disorders and mental health conditions. Psychosocial rehabilitation, often provided through the domiciliaries is another program from which it appears that funds are being diverted. Some veterans also seek vocational rehabilitation through VHA's compensated work therapy programs. Unfortunately, some of the centralized funding for many of the supportive mental health and mental health research programs administering and improving care for homeless and other veterans has also been released to the field. While the effect of the releasing centralized funds may not have the same dramatic impact on VA's mental health programs it would on the supported housing programs, the release of these funds may impact the overall quality of the mental health services upon which many veterans rely.

The Department of Labor (DoL) also offers a job-focused, case-managed approach to assisting homeless veterans with job training, search and placement services through the Homeless Veterans Reintegration Program (HVRP). As homeless vet-

erans become stable, these programs can offer assistance with vocational rehabilitation and even remedial academic skills to bolster their ability to live and work independently. The HVRP is funded under veterans programs, but administered under DoL Veterans Employment Training Services. DAV has been a long-term supporter of adequate funding and permanency for veterans' employment and/or training programs (Resolution No. 251). Since FY 2002, Congress has authorized $50 million for this program doing so again for FY 2018. However, over time the value of this authorization has eroded. In FY 2015, DoL claims HVRP exceeded its target of placing 65 percent of program participants in jobs (it placed 69 percent of participants). It also exceeded its target of placing 62 percent of women participants in jobs (it placed 68 percent of women participants). It also did so at a significantly lower cost per participant than it estimated ($2,007 compared to $2,242). Given the long-term success and efficiency of the program, Congress should add funds to compensate for inflation and meet veterans' increased demand for these services.

Mr. Chairman, VA can be proud of the comprehensive array of services it provides to homeless veterans, but it cannot reduce funding levels for the program or leave it to local management to determine priorities and expect to see the same results and success rate of reducing veterans' homelessness. VA must continue its commitment as stated until no veteran has to call the street his or her home.

This concludes my statement and I am happy to respond to any questions you may have.

MILE HIGH BEHAVIORAL HEALTHCARE

Statement of James Gillespie, Community Impact & Government Relations Liaison

ON: ASSESSING THE VARIOUS PROGRAMS VA, HUD, AND DOL USE TO PROVIDE HOMELESS AND AT–RISK VETERANS WITH HOUSING, HEALTHCARE, SUPPORTIVE SERVICES, AND JOB TRAINING, SEARCH, AND PLACEMENT ASSISTANCE.

Chairmen Wenstrup, Arrington, Ranking Members Brownley, O'Rourke, and distinguished members of the Subcommittees on Health and Economic Opportunity, on behalf of Mile High Behavioral Healthcare and its affiliates, thank you for the opportunity to submit this statement regarding programs that benefit our nation's homeless and at-risk Veterans. It is our firm belief that no individual who fights for our homeland should ever be without a safe place to call home.

Mile High Behavioral Healthcare is one of the leading providers of evidence-based substance use disorder and mental health treatment services in Colorado and also manages a Veterans' Administration (VA) Grant and Per Diem site through its subsidiary, the Comitis Crisis Center, in Aurora, Colorado. The VA's Homeless Providers Grant and Per-Diem (GPD) Program awards grants to community-based agencies that provide transitional housing and supportive services to assist homeless Veterans in achieving residential stability and self-sufficiency. The VA provides per diem payments to non-profit organizations to help offset the operational costs of these programs. The following remarks are respectfully submitted for your consideration from the viewpoint of an experienced, community-based provider that serves homeless Veterans and their dependent children.

Background

It is estimated that there are currently 39,471 Veterans experiencing homelessness in the United States. In FY 2017 alone, 600 GPD-funded sites provided services to 23,737 Veterans through the use of over 12,500 transitional housing beds. VA data systems only track Veteran admission into GPD programs, so data on the number of children (and spouses) served in these programs is currently unavailable. However, based on an analysis conducted by the Homeless Program Office, the VA has identified that approximately 8% of Veterans who entered GPD programs and had a full assessment completed within 30 days prior to admission, had either full or partial legal custody of children. This is estimated to be 2,500 children in FY 2017. Additionally, 3,020 of the 23,737 Veterans served in GPD programs in FY 2017 were women, accounting for 13% of Veterans served.

The Grant and Per-Diem Program is an Effective Housing Intervention

It is our experience as a service provider that the VA's GPD program is a viable and effective housing intervention. Our organization is a Housing First agency, but

also sees the need for transitional housing within the continuum of housing services to be essential, if not critical. There are distinct advantages to serving Veterans and their family members in a care setting through transitional housing. After all, homelessness is a symptom and not the diagnosis. It is the potential underlying root causes of homelessness that must be addressed, such as trauma or possible addiction to substances or mental health challenges. Some causes are circumstantial or environmental (i.e. the housing market or job loss), but others are internal and both should be addressed contemporaneously in order to help Veterans become permanently housed.

Our organization takes a "whole person" approach to our care-integrating primary care and behavioral health care services into a shelter setting. Because we get to know our Veterans and their family members through intensive case management and clinical care, we can accurately assess the risks associated with addiction and/or mental health struggles, such as suicidality. While in our care, Veterans and their family members not only receive dedicated shelter, but also a full suite of behavioral health care services that are customized to their individual needs. This ranges from parenting classes to certified, evidence-based interventions such as Family Therapy, Dialectical Behavioral Therapy, and gender-specific trauma groups.

Transitional housing also gives our Veterans the opportunity to self-resolve. This is critical. You have likely heard the expression "I am just one paycheck away from homelessness." The converse is also true. Many are just one paycheck, one security deposit, one car repair away from being housed. The GPD program gives our Veterans the opportunity to get back on their feet again and to work hard in doing so. If we immediately place our homeless Veterans on housing subsidies without the critical support services, what incentive would one have for enhancing one's income and quality of life and no longer having need of a housing subsidy?

A key component in our case management is to provide Veterans with increased skill and income. Whether through financial literacy classes, resume writing classes, computer literacy workshops, or mock interviews, we want to prepare our Veterans to be able to put their best foot forward in seeking and sustaining gainful employment. Working on soft skills and life skills within our care setting better prepares our Veterans to compete in the job market. Our agency has one of the highest rates of employment among GPD sites in Region 8, primarily due to the attention we spend on preparing our Veterans for employment, as well as our professional connections with business owners and employers. Attached are two articles highlighting our former clients "BANKS AND TRUST: Local credit union works with homeless vets to show them money matters" and "The new domestic war: A veteran's fight for basic human needs."

Here in the Denver Metropolitan region, housing affordability is a key barrier to finding a safe place to call home. Even with a housing subsidy, the Housing First approach only works if housing stock is readily available. Given that our vacancy rate is between 4%-5% in the Denver Metro, having transitional housing available is an important safety net program to ensure that Veterans and their family members are not left out cold on the streets while waiting for an affordable and accessible unit to become available.

Because of the GDP program, the Comitis Crisis Center is able to serve 25 Veterans through eight GPD-funded beds, as well as 65–100 attached family members in unfunded beds. (The GPD program does not reimburse providers for serving Veterans' family members.) The opportunity for these families to move through the GPD program, with other Veteran families, is a collective life-changing experience for them. The program builds a strong sense of community, which is a cornerstone principle for those involved in recovery. Well after graduating through our programs, our Veteran families stay in touch with each other, creating an environment for pro-social activities, as well as accountability. Peer Support Services have been shown to be effective in improving health, abstinence, quality of life and social connectedness. [1] There is also evidence that peer-facilitated interventions improve social

[1] Giese-Davis, J., Bliss-Isberg, C., Carson, K., Star, P., Donaghy, J., Cordova, M. J., & Spiegel, D. (2006). The effect of peer counseling on quality of life following diagnosis of breast cancer: an observational study. Psycho-Oncology, 15(11), 1014–1022.

connectedness for women,[2] decrease alcohol use for individuals with criminal justice involvement[3] and improve rates of post-discharge treatment adherence.[4]

The Changing Face of our Modern Military: Matching Services to Need

As noted earlier, 13% of all homeless Veterans served in a GPD program in FY 2017 were women. It is estimated that the number of Veterans who are women will expand by 16% by 2035. It is important that our services continually adapt to the changing face of our modern military, including the services offered by the VA's GPD program. Currently, if you are a non-Veteran homeless family in the United States, federal funds (through HHS/TANF program) will pay a "head-in-bed" per diem for each family member to the service agency housing the family. If you are a Veteran homeless family, the VA's Grant and Per Diem (GPD) program will only pay for the cost of occupancy for the Veteran but not for the attached and dependent children. This issue causes a barrier to access shelter services for both male and female Veterans with children, but more so for Veteran women who usually have children in tow. I have been asked why Veterans do not enroll in the TANF program for per diem services for family members when they come to our homeless shelter, the Comitis Crisis Center. The shelter is located in the seven-county Denver Metro area, but only has the capacity to administer TANF contracts with two of the counties through a competitive RFP process. If the Veteran happens to originate from one of these two counties, then the TANF benefit would apply. A challenge is that homeless Veterans are highly mobile and tend to cross state lines seeking employment opportunities or originate from counties that provider agencies do not have contracts with through their respective departments of human services. For these Veterans with family, we accept them into our GPD program, but absorb the cost of any associated dependents. Though it is the right thing to do, but it comes at a real cost to us and serves as a disincentive for serving homeless Veterans who have dependents. Below is a sample taken from an actual program year at Comitis:

Calculation for Family Gap

	Total
No of Veterans served - 2013	25
No of family members - 2013	61
Average of family member per Veterans	2.44
Forecasting - 2014	
Per diem rate	38.87
8 Veterans - per day	310.96
Average family member per Veteran - per day	758.74
Total expense per month for Veteran and family per day	1,069.70
for 12 months - 365 days expense for Veteran and family	390,441.38
Reimbursable from Per diem - Veteran only	113,500.40
GAP	276,940.98

Reimbursement Gap Due to Serving Veterans With Dependents

As you can see from the table, the Comitis Crisis Center must find alternative funding sources to cover the annual $276,941 gap in reimbursement to house Veterans' family members. Strictly speaking from a financial and program sustain-

[2] Marcenko, M. O., Spence, M., & Rohweder, C. (1994). Psychological characteristics of pregnant women with and without a history of substance abuse. Health & Social Work, 19, 17–22.
[3] Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., O'Connell, M. J., Benedict, P. & Sells, D. (2007). A peer-support group intervention to reduce substance use and criminality among persons with severe mental illness. Psychiatric Service, 58(7), 955–961.
[4] Tracy, K., Burton, M., Nich, C., & Rounsaville, B. (2011). Utilizing peer mentorship to engage high recidivism substance-abusing patients in treatment. The American Journal of Drug and Alcohol Abuse, 37(6), 525–531.

ability standpoint, it would be more efficient for us to end the GPD program and utilize our shelter beds to serve homeless families through the TANF program, whereby each bed has an attached per-diem rate to cover operating costs.

Recommendations

Mile High Behavioral Healthcare appreciates the collective impact that the VA and provider agencies across the country have achieved in reducing Veteran homelessness. Aligning with the goal to completely eliminate homelessness among our Veterans, we recommend that the VA provide greater access to services for homeless Veterans with children. From operating costs to the reality that these children grow out of their shoes every month, we request that we better serve our Veterans by serving their greatest treasure-their children. A 2011 GAO study, "Homeless Women Veterans: Actions Needed to Ensure Safe and Appropriate Housing," noted that more than 60% of surveyed GPD programs that serve homeless women Veterans did not house children, and most programs that did house children had restrictions on the ages or numbers of children. I believe that we can and should do better! We greatly honor the family members of those engaged in active service away from home, and it is time to also honor our homeless Veterans and their family members by housing them all together so families do not undergo further trauma resulting from being separated from one another.

Adapting policy to the changing needs of our homeless Veterans, we respectfully urge you to support H.R. 4099: To amend title 38, United States Code, to ensure that children of homeless veterans are included in the calculation of the amounts of certain per diem grants. H.R. 4099, also known as the "Homeless Veteran Families Act," is a bi-partisan bill that gets us one step closer to providing better care for our Veterans and their family members.

In addition to Mile High Behavioral Healthcare, the following Veteran Service Organizations also support this bill: The American Legion, The Wounded Warrior Project, Disabled American Veterans, Paralyzed Veterans of America, Got Your 6, National Coalition for Homeless Veterans, Veterans of Foreign Wars, Military Order of the Purple Heart, and American Veterans (AMVETS). Attached are letters of support from Gold Star Wives of America, The American Legion, Volunteers of America, and the National Coalition for the Homeless. Additionally, attached are letters of support from a sampling of other GPD sites, including: Catholic Services of Acadiana, Ohio Valley Goodwill Industries, McCall Center for Behavioral Health, Friendship Service Center of New Britain, Veterans Village of San Diego, Talbert House, Homeless Empowerment Program, Clara White Mission, and Father Joe's Villages.

Thank you for the opportunity to submit this statement. Questions concerning this statement can be directed to James Gillespie, Community Impact and Government Relations Liaison, Mile High Behavioral Healthcare, at (720) 975–0155, extension 13 or jgillespie@mhbhc.org.

PARALYZED VETERANS OF AMERICA (PVA)

CONCERNING: EFFORTS TO REDUCE VETERANS HOMELESSNESS

Chairman Wenstrup, and Chairman Arrington, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to provide our views on the efforts of the Department of Veterans Affairs (VA), Department of Housing and Urban Development (HUD), and the Department of Labor (DOL) to reduce veteran homelessness.

Every member of PVA, regardless of their injury, faces significant challenges when transitioning back into society. As a catastrophically disabled veteran it can be difficult to maintain substantial gainful employment which could very well result in them becoming homeless.

In 2009, the White House and Department of Veterans Affairs (VA) announced the goal of ending veteran homelessness. This presidential mandate resulted in VA leadership adding homelessness programs as a metric to all director's dashboards. The Director's dashboard provides a list of the priorities for each individual Director.

In 2014, Mayors Challenge was launched as an initiative among mayors to end homelessness in their respective cities. The program used vouchers to provide to homeless veterans to utilize for housing. This movement has resulted in many cities effectively ending "functional" homelessness. This program ended homelessness for

newly homeless veterans, not those who previously received vouchers or were chronically homeless.

Since then, thanks to VA's collaborative efforts with HUD, the U.S. Interagency Council on Homelessness, community partner organizations, and local and state governments, there was a 17 percent decrease in Veteran homelessness between 2015 and 2016 contributing to a 47 percent overall reduction in Veteran homelessness across the United States between 2010 and 2016. This statistic is quadruple the previous year's annual decline, and represents a 47 percent decrease since 2010. More specifically, as of August 1, 2016, the number of veterans experiencing homelessness in the United States has been cut nearly in half since 2010. By utilizing a Point in Time count in January 2016, HUD estimated that just over 13,000 unsheltered veterans were living on the streets, a 56 percent decrease since 2010. A Point in Time count is a tool used to determine the number of sheltered and unsheltered homeless persons on a single night.

In 2015 VA no longer recognized ending homelessness as a priority; therefore, all homeless programs were eliminated. Directors are no longer held accountable for the results of their homeless programs. Also homelessness is no longer on Director's dashboards. VA Central Office has only mandated that directors perform outreach, there is nothing specific provided about what must be conducted.

When ending homelessness became a priority VA deployed a housing first strategy that was and currently is very effective. This program gets people in housing where they belong. Unfortunately this initiative does not address the underlying issue of why the veteran is homeless in the first place. Very rarely are financial issues the sole cause of a veteran's homelessness. It's no secret mental illness and substance abuse play a very important role in a veteran becoming homeless. In many cases the money HUD provides is not enough for the veteran to find housing in a good neighborhood. The veterans are forced to reside in the same areas they were trying to escape. Another problem is there is no mandate that veterans must be "clean" while participating in the program. It has been found that veterans with substance abuse problems will sometimes take advantage of this and transform their new residence into a drug house. This creates an adversarial relationship with the community that is often times very difficult to overcome. Unfortunately at this time, VA does not have the staff or the programs to address the problems with the voucher system.

VA did conduct research and found that if a veteran is involved in the VA health care system they were less likely to commit suicide, become homeless or become incarcerated. The importance of increasing the access to VA medical care cannot be overstated. Currently the system in place to provide veterans with Mental Health care is broken. Many VA Medical Centers do not have the resources to provide the necessary psychiatric and therapeutic treatment. Moreover, there is a serious lack of providers who will actually work with VA to provide "choice care" outside of the VA leaving veterans with few alternatives. For those veterans who are employed and have secondary insurance it is possible to find those services in the private sector. For veterans who are on the verge of homelessness that do not have the access or the ability to seek out these services, they will most likely give up, leaving their mental illness untreated and will also leave them on the street.

Just recently Secretary of the Department of Veterans Affairs announced that he was going to reduce the amount of HUD/VASH funds and redistribute these funds to local VA Medical Centers and let leadership determine how the funds are best spent on their individual homelessness programs. The problem is, this program is no longer a metric for VAMC leadership. There will be no oversite as to how these funds are spent and what they are spent on.

In response to the spotlight on homeless veterans, more specifically their disability claims, VA now expedites any claim filed by a homeless veteran. Initially a metric was implemented that required all claims to be completed within 90 days for homeless veterans. Unfortunately this has not been entirely successful since it takes longer to adjudicate a homeless claim than it does a claim that has not been expedited. As of January 5, 2018, the average amount of time to adjudicate a non-homeless expedited claim is 96 days; comparatively, the average time to adjudicate an expedited claim is 111 days. Not surprisingly, this is no longer a metric either; consequently, the staff and resources are no longer available to make this process successful.

PVA certainly applauds VA's dedication to end homelessness and for the progress they have made; more progress needs to be made regarding the barrier to access to VA programs and services. There is a lack of outreach and resources for those who are most in need. Unfortunately, with the lack of resources and oversite for these programs which disappeared after 2015, the chance of any program being successful is minimal. VA has made strides but more work needs to be done for the

program to be called a success. PVA offers the following recommendations to ensure homelessness programs are effective.

First, there must be oversight. Without homelessness as a priority there is no longer any emphasis on ensuring the effectiveness of these programs. There should be a metric for Homelessness programs. If HUD/VASH funds are going to be redistributed to VA Medical Centers those directors must be held accountable for how those funds are utilized. It should not be left to the respective medical center director's discretion as to how those funds are spent.

Second, the HUD/VASH program must receive continued funding. In 2015 leaders in Chattanooga, Tennessee joined the national movement to end veteran homelessness and were able to return to functional zero by January 2017. Unfortunately, due to a funding shortfall announced by HUD in June 2017 issuance of new housing vouchers were halted. For cities like Chattanooga to continue on their movement to end veteran homelessness they must receive the necessary funding to do so.

Third, the lack of resources to provide adequate mental health care within VA medical centers must be addressed. If VA is unable to provide the resources needed for veterans to receive adequate care within their respective VAMC then the choice program must provide the stop gap so any veteran no matter where they reside is able to receive mental health care.

PVA is announcing their support of H.R. 4099 the "Homeless Veteran Families Act."

Under current law, a veteran who has dependent children is not eligible for services under the Grant Per Diem (GDP) program. VA does not have the authority to reimburse the costs associated with housing dependent children of homeless veterans. More often than not, providers will give preference to non-veteran homeless families due to other federal assistance programs being available to provide reimbursement of expenses for dependent children. Homeless veterans with children only account for three percent of all homeless veterans which has not changed in the past two years. The "Homeless Veteran Families Act" would provide the VA with the authority to pay a partial per diem to GDP providers. For each child the provider would receive per diem at a 50 percent rate for each of the minor dependent(s) accompanying the veteran.

Chairman Wenstrup and Chairman Arrington, PVA thanks you for the opportunity to offer our views and concerns on government programs aimed at ending veterans' homelessness. PVA is ready to work with the committee to support those efforts to help our veterans who have done so much for this nation and its people.

THE AMERICAN LEGION

VA, HUD, AND DOL EFFORTS TO REDUCE VETERAN HOMELESSNESS

Chairmen Wenstrup and Arrington, Ranking Members Brownley and O'Rourke and distinguished Members of the Subcommittees, on behalf of National Commander Denise H. Rohan and the 2 million members of The American Legion, we thank you and your colleagues for the work you do in support of our servicemembers and veterans as well as their families. The American Legion is our nation's largest patriotic and service organization for veterans, serving every man and woman who has worn the uniform for this country.

We thank you especially for holding this hearing to assess the various programs the Department of Veterans Affairs (VA), Housing and Urban Development (HUD), and Department of Labor (DOL) use to provide homeless and at-risk veterans with housing, health care, supportive services, and job training, search, and placement assistance.

BACKGROUND

Generally, the causes of homelessness can be grouped into three categories: economic hardships, health issues, and lack of affordable housing. Although these issues affect all homeless individuals, veterans face additional challenges in overcoming these obstacles, including: prolonged separation from traditional support systems such as family and close friends; highly stressful training and occupational demands, which can affect personality, self-esteem and the ability to communicate upon discharge; and non-transferability of some military occupational specialties into the civilian workplace. Research indicates that those who served in the late Vietnam and post-Vietnam eras are at greatest risk of becoming homeless, but that

veterans from more recent wars and conflicts are also affected.[1] Veterans returning from deployments in Afghanistan and Iraq often face invisible wounds of war, including traumatic brain injury and post-traumatic stress disorder, both of which correlate with homelessness.

VA and HUD reported a little over 40,000 homeless veterans on a single night in January 2017 (2017 Annual Homeless Assessment Report to Congress).[2] VA has taken decisive action toward its goal of ending homelessness among our nation's veterans. To achieve this goal, VA has developed a plan to assist every homeless veteran willing to accept services retain or acquire: safe housing; needed treatment services; opportunities to retain or return to employment; and benefits assistance. Also, VA has implemented a prevention initiative - the Supportive Services for Veterans and Families (SSVF), which is VA's primary prevention program designed to help veterans and their families rapidly exit homelessness, or avoid entering homelessness.

Since 2014, more than 880 mayors, governors, and other state and local officials have answered the call of the Mayors Challenge to End Veteran Homelessness, pledging to do all they can to ensure their communities succeed. And it's working. A growing list of 57 communities, including the entire states of Connecticut, Delaware, and Virginia, have proven that ending veteran homelessness is possible and sustainable.[3] As documented through federal criteria and benchmarks, urban, suburban, and rural communities across 26 different states have proven that they can drive down the number of veterans experiencing homelessness to as close to zero as possible, while also building and sustaining systems that can effectively and efficiently address veterans' housing crises in the future.[4]

The national data expresses the same picture of remarkable progress. Thanks to unwavering commitment and partnership at the federal, state and local levels, stakeholders and advocates have seen veteran homelessness reduced by 45 percent in this country between 2009 and 2017.[5] Progress has been driven by urgent action at all levels of government and across all sectors. Federal agencies have engaged in unprecedented coordination and shared responsibility. Congress has expanded investments into federal programs, such as the HUD–VA Supportive Housing (HUD–VASH) program and the Supportive Services for Veteran Families (SSVF) program, which provide a range of housing and service interventions. State and local entities and the philanthropic community have aligned investments with federal resources. Communities have formed stronger relationships to deploy those resources through best practices, including coordinated entry and Housing First approaches. Also, governors, mayors, and other public officials have mobilized their communities in support of a clear and ambitious goal to prevent and end veteran homelessness.

Another critical federal program in the fight to eliminate veteran homelessness is the Homeless Veterans Reintegration Program (HVRP) within the Department of Labor's Veterans' Employment and Training Services (DOL–VETS). HVRP is the most effective program available to address homeless veterans' financial issues by helping them obtain gainful employment. HVRP grantees use a case management approach to assist homeless veterans, and provide critical linkages for a variety of support services available in their local communities. The program is employment focused; veterans receive the employment and training services they need in order to re-enter the labor force. Direct services include placement in employment, skills training, job development, career counseling, and resume writing. Support services such as clothing, provision of or referral to temporary, transitional, and permanent housing, referral to medical substance abuse treatment, and transportation assistance are also available.

In 2016, VA awarded $300 million via 275 individual SSVF grants to non-profit organizations in all 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands. The VA's SSVF grantees cover 400 of the 416 Continuums of Care across the country.[6] Through FY 2015, more than 157,000 homeless and at-risk vet-

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[1] https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/veterans/

[2] https://www.hud.gov/press/press—releases—media—advisories/2017/HUDNo—17–109

[3] https://www.usich.gov/goals/veterans

[4] Ibid.

[5] https://obamawhitehouse.archives.gov/blog/2016/11/14/together-we-can-end-veteran-homelessness

[6] HUD's Continuum of Care (CoC) Program is designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless

Continued

erans and their families were served with these funds. Additionally, in 2015, 55,669 veterans served in the SSVF Program exited to permanent housing outcomes. Over the course of the program's lifetime, 78 percent of all participants have exited to permanent housing. [7]

Lastly, through FY 2017, HUD has awarded approximately 93,000 HUD–VASH vouchers. [8] Nationwide, more than 300 Public Housing Authorities (PHAs) have participated in the program. Recently, Congress made permanent a set-aside program to encourage HUD–VASH vouchers to be used on tribal lands, thereby filling an important gap in our service delivery system. HUD–VASH, SSVF and HVRP are very vital programs in the quest to combat and ultimately end veteran homelessness. Data has proven their quality and effectiveness.

The American Legion urges Congress and the VA to continue to adequately fund/prioritize these programs that have been game changers to at-risk and homeless veterans. The American Legion will not rest until we see continued efforts in getting veterans off the streets and into affordable and safe housing as well as support services they need in order to sustain their healthy independent living.

DEFINITION OF HOMELESS PROGRAMS:

1. The HUD–VASH program combines Housing Choice Voucher (HCV) rental assistance for Veterans experiencing homelessness provided by HUD with case management and clinical services provided by VA. At the local level, the HUD–VASH program operates as a collaborative effort between VA Medical Centers (VAMCs) and local Public Housing Agencies (PHAs). The VAMC identifies Veterans who are eligible for the program and refers them to the PHA to receive a HUD–VASH voucher. The PHA provides the rental subsidy, and the VAMC provides case management and clinical services.

2. The Supportive Services for Veteran Families (SSVF) Program, administered by the Department of Veterans Affairs, is the only national, veteran-specific program available to help at-risk men and women veterans from ever becoming homeless. The program is also the most suitable resource for homeless veterans who are able to quickly transition out of homelessness into permanent housing. SSVF grantees are nonprofit, community-based organizations that provide very low-income veterans and their families with services in the following areas: health, legal, child care, transportation, fiduciary and payee, daily living, obtaining benefits, and housing counseling. The program also allows for time-limited payments to third parties - e.g. landlords, utility companies, moving companies, and licensed child-care providers - to ensure housing stability for veteran families. SSVF funds are leveraged with local Continuums of Care and other community partners at no extra cost to the federal government.

3. Administered by DOL–VETS for over two decades, HVRP served approximately 17,000 veterans in 2016, with a national placement rate into employment of 68.4 percent. These men and women find employment at an average cost to the program of $2,007 per placement. Both the placement rate and the cost per placement represent improvements over the last several years. Please note - HVRP is the only nationwide program focused on assisting homeless veterans to reintegrate into the workforce. This program is a highly successful grant program that needs to be fully funded at $50 million. Currently, HVRP is funded at $45 million.

HOMELESS DATA (2017 Annual Homeless Assessment Report [AHAR] to Congress):

- 40,056 veterans are experiencing homelessness in the U.S.
- Three in five homeless veterans (62% or 24,690 veterans) were staying in emergency shelters or transitional housing programs, while two in five (38% or 15,366 veterans) were found in places not suitable for human habitation
- Almost all veterans were experiencing homelessness in households without children (98% or 39,101 veterans). About two percent (955) were veterans who were homeless as part of a family
- The number of homeless veterans increased by 585 people between 2016 and 2017. This increase was driven entirely by an 18 percent increase in the number of veterans experiencing homelessness in unsheltered places (2,299 more

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individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

[7] http://www.nchv.org/images/uploads/NCHV—Policy—Statement—SSVF—2017.pdf

[8] http://www.nchv.org/images/uploads/NCHV—Policy—Statement—HUD–VASH—2017c.pdf

veterans). Partly offsetting the increase in unsheltered veterans, the number of sheltered veterans decreased by 1,714 people (or 7%).
- Increases among veterans experiencing homelessness were due entirely to increases among veterans in households without children. The number of veterans in families declined overall (by 16%), among sheltered veterans (by 11%) and unsheltered veterans (by 29%).
- Since 2009, veteran homelessness has dropped considerably, with 45 percent (or 33,311) fewer veterans experiencing homelessness in 2017 than in 2009.
- Just under 30 percent of all veterans experiencing homelessness were in California (29% or 11,472 veterans).
- In three states, more than half of all veterans experiencing homelessness were unsheltered. Those states were: California (67%), Hawaii (62%), and Oregon (53%).
- More than 1.4 million American veterans live in poverty and are more vulnerable to becoming homeless than their civilian counterparts. VA research shows that one in 10 veterans living in poverty is likely to experience homelessness.

PREVENTION: The American Legion assists veterans and their families with:

- Disability claims and health care benefits
- Interview & Resume Workshops
- Branding & Networking Sessions
- Job Fairs
- Small Business Development Workshops
- Credentialing Roundtables and Summits
- Advocacy at Local, State and National Levels

EXAMPLE OF LEGION'S ASSISTANCE

During The American Legion's 2017 Washington Conference, we went on a site visit and received a briefing from U.S.VETS about their programs and services. U.S.VETS is the nation's largest nonprofit provider of comprehensive services to at-risk and homeless veterans. In addition, we had conversations with several veterans about the program and how helpful it has been in assisting them with becoming more independent and hopeful for the future. The American Legion's Operation Comfort Warriors Program donated $4,800 worth of comfort items and necessities to the U.S.VETS facility during the tour. The in-kind donation was well received by U.S.VETS.

CONCLUSION

Due to our work with homeless veterans and their families, The American Legion understands that homeless veterans need a sustained, coordinated effort that provides secure housing and nutritious meals; essential physical health care, substance abuse aftercare and mental health counseling; as well as personal development and empowerment. Veterans also need job assessment, training and placement assistance. The American Legion believes all programs to assist homeless veterans must focus on helping veterans reach their highest level of self-management.

The American Legion will continue to place special priority on the issue of veteran homelessness, and we call on Congress and the VA to do the same. With veterans making up approximately 10 percent of our nation's total adult homeless population, there is plenty of reason to give the cause special attention.[9] Along with various community partners, The American Legion remains committed to seeing VA's goal of ending veteran homelessness come to fruition. Our goal is to ensure that every community across America has programs and services in place to get homeless veterans in the housing (along with necessary health care/treatment) while connecting those at-risk veterans with the local services and resources they need.

The American Legion applauds Congress for its substantial funding for homeless programs, while giving major thanks to VA, HUD, and DOL, for its implementation of these programs that have literally saved the lives of thousands of veterans. We strongly believe that with the path VA has taken in eliminating veteran homelessness, and the proper utilization of the resources at the state level and in local communities, we can continue to make tremendous progress.

The American Legion thanks the subcommittees for holding this important hearing and for the opportunity to explain the views of the 2 million veteran members of this organization. For additional information regarding this testimony, please con-

[9] https:// www.legion.org/ homelessveterans/taskforce

tact Mr. Jeff Steele, Assistant Director of The American Legion's Legislative Division at (202) 861–2700 or jsteele@legion.org.

VETERANS OF FOREIGN WARS OF THE UNITED STATES (VFW)

Statement of Kayda Keleher, Associate Director

NATIONAL LEGISLATIVE SERVICE WITH RESPECT TO

"ADDRESSING VETERAN HOMELESSNESS: CURRENT POSITION; FUTURE COURSE"

Chairmen Arrington and Wenstrup, Ranking Members Brownley and O'Rourke, members of the Subcommittees, on behalf of the women and men of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on the oversight for efforts of the Departments of Veterans Affairs (VA), Labor (DOL) and Housing and Urban Development (HUD) to reduce veteran homelessness, as well as VA's decision to realign specific purpose funding for homeless veterans' programs.

In recent years, these three agencies have made significant improvement toward ending veteran homelessness. However, much work remains.

HOMELESS VETERAN POPULATION

A homeless person is federally defined under the McKinney-Vento Act as an individual or family lacking fixed, regular and adequate nighttime residence. Thanks to efforts by this committee, the definition is also expanded to include those fleeing domestic violence and other dangerous or life-threatening conditions.

Immunity to homelessness does not exist for any subset of the veteran population. Homelessness does not discriminate against gender or race, though it is worth noting that women veterans are an exceptionally vulnerable portion of this population. Women veterans are at an increased risk of homelessness (2.4 percent), when compared to their male veteran counterparts (1.4 percent). This is in part due to their increased risk of post-traumatic stress disorder (PTSD), loss of employment, dissolution of marriages, and feelings of having a lack of gender-specific support. These increased risks may all be amplified if the veteran does not self-identify as a veteran—meaning they may be less likely to be offered or seek veterans benefits. It is also important to note that 21 percent of homeless women veterans have dependent children, which often times may add to the anxiety and importance of finding permanent housing. In the VFW's survey of women veterans, 46 percent of women veterans who were homeless or at risk of becoming homeless were currently living in another person's home, of that 46 percent, 71 percent have children.

PROGRESS IN ADDRESSING NEEDS

Since 2009, the rate of veteran homelessness has been nearly sliced in half. With an overall decrease of nearly 50 percent of this population, and three states and 57 communities having virtually ended veteran homelessness within their borders, efforts between VA, DOL, and HUD have clearly been successful. However this should not create complacency, as major metropolitan areas saw slight increases in their homeless veteran populations between 2016 and 2017.

This impressive rate of progress over recent years is in part due to VA using various evidence-based practices such as Housing First, Getting to Outcomes and the Maintaining Independence and Sobriety Through Systems Integration, Outreach and Networking: Veterans Edition. By implementing these programs with case management teams serving homeless veterans VA has been able to target veterans who struggle with comorbidities that adds to their risk of homelessness, while helping them obtain a stable roof over their heads. These practices include, but are not limited to, programs such as Department of Housing and Urban Development-VA Supportive Housing (HUD–VASH) vouchers, Homeless Providers Grant and Per Diem Program (GDP) and Supportive Services for Veteran Families (SSVF).

The HUD–VASH program is a collaborative program between HUD and VA which emphasizes the "Housing First" model of care. In this program, homeless veterans receive a housing choice rental voucher from HUD, which is paired with VA case management and supportive services to sustain housing stability and recovery from physical and mental health programs that may contribute to or result from homelessness. Approximately half of the veterans who have used this program have accomplished their goals or no longer require services. In 2016, HUD–VASH housed 72,481 veterans.

However, veterans fortunate enough to obtain HUD–VASH vouchers also face difficulties. The VFW's service officers have reported in various cities that their homeless veterans sometimes prefer sleeping under a bridge rather than living in the unsafe neighborhoods eligible through their vouchers. With a high percentage of homeless veterans suffering from poor mental health, the VFW does not believe they should be forced to struggle with their PTSD in some of the most unsafe neighborhoods in the country. Nor should survivors of sexual trauma be forced to choose between homelessness and a neighborhood where their homes have been broken into and they are harassed on the streets. The VFW urges Congress, VA and HUD to work together with local VA's to find solutions best for those cities to ensure HUD–VASH vouchers put veterans in safe and secure housing.

Veteran families transitioning to permanent housing with low income may utilize SSVF. This program was designed to rapidly rehouse homeless veteran families and prevent homelessness for those at imminent risk. In 2016, SSVF assisted nearly 150,000 individuals, all of whom are veterans or their families.

Under the GPD program, grants are awarded by VA to community-based agencies to create transitional housing programs and offer per diem payments. This is intended to promote the development and provision of supportive housing and supportive services with the goal of helping homeless veterans achieve residential stability, increase their skill levels and/or income and obtain greater self-determination. In 2016, more than 16,500 veterans exited these programs for permanent housing. It is worth noting that without the case management support that comes with HUD–VASH, veterans using the GPD program will most likely struggle to maintain a level of stability and housing.

Aside from Housing First programs, VA also offers a variety of health care services specific to the needs of homeless veterans. This ranges from the Homeless Veterans Dental Program to Homeless Patient Aligned Care Teams. This is absolutely crucial to the holistic needs to overcome homelessness.

To further address the holistic needs of overcoming homelessness, VA is partnered with DOL for employment training and searching. The Homeless Veterans Reintegration Program (HVRP) provides veterans with case management to assist in training, searching and placement. This program is the only DOL program wholly dedicated to providing homeless assistance to homeless veterans. It is critical in offering assistance to homeless veterans as they become more stable and helps prepare them to reenter the workforce in a role of meaningful, long-lasting employment.

Through surveys, the VFW is aware homeless veterans are significantly more likely to be dissatisfied with VA employment benefits and the Transition Assistant Program. Congress and VA recognized certain veterans face considerable barriers to employment and need more inclusive case management and support services. To address this issue, Congress created the Vocational Rehabilitation and Employment (VR&E) program. VR&E also provides other support, such as counseling and assistance finding meaningful employment. The VFW views VR&E as a cornerstone of VA services. That is why we urge Congress to expand VR&E eligibility requirements by authorizing VA to classify homelessness as a qualifying barrier to employment, without regard to service-connection or when a veteran was discharged from military service.

HOLISTIC CARE NECESSARY TO IMPROVE

Treating and eliminating homelessness must be done in a holistic manner. This involves taking a deep look and understanding at the homeless individual's status of income and employment —whether that employment is meaningful or not, if they suffer from mental illness, substance abuse disorders, disabilities or a lack of basic independent life skills. For veterans, these individual symptoms of homelessness are often magnified when trying to transition from military to civilian life. They may have unsuccessful attempts at reintegrating into their new life and community post-military service. Supportive services such as legal assistance or child care help ensure homeless veterans are able to successfully transition back to civilian life. The VFW believes it is absolutely imperative for Congress, VA, DOL and HUD to systematically address the holistic economic, psychological, sociological and overall health care needs of veterans asking for assistance in overcoming homelessness.

One particular way this can be done is by meeting the need of child care assistance for veterans seeking employment training through VA and DOL programs. Through VFW's survey of women veterans, we found that one of the top barriers to overcoming homelessness for this population was access to child care. If a veteran cannot afford rent, then it is not feasible to assume they can afford the cost of child care. This is why the VFW urges Congress to pass legislation which would allow for cost-free access to such services for veterans below state poverty threshold lim-

its. Cost-free access to child care for this population would also serve as one of the few means for VA and DOL to prevent homelessness. Many benefits require veterans to be on the streets before they are deemed eligible for benefits.

There are currently four pilot sites offering free child care within VA, which are not limited to low-income veterans, but have been vital tools in ensuring veterans are able to attend their scheduled appointments or complete treatment regimens without the child care pilot program. This important program must be made permanent and expanded to include homeless veterans and those at risk of becoming homeless.

The VFW also encourages Congress to work with VA to provide more separate living arrangements for veterans with children and veterans who have survived sexual trauma. Congress and VA must work together to better understand that individuals face homelessness for different reasons, and their needs to overcome homelessness are equally unique.

FUNDING

While the reduction in veteran homelessness has been impressive, and the holistic partnerships and approaches taken by VA, HUD and DOL are absolutely critical to that success, such success could be diminished if funding fails to keep pace with demand. Congress must not force the government to manage by the need of budget for this population, but by the need of demand.

The National Coalition on Homeless Veterans (NCHV) found that flat funding for VA's pillar programs in fiscal year 2018 will not meet the necessary demand to continue reducing the homeless veteran population. Of particular concern for the VFW and NCHV are HVRP, HUD–VASH and SSVF. The HUD–VASH program alone is credited as being the most responsible for the nearly 50 percent decrease in the homeless veteran population as this program has helped house nearly half a million veterans and their families.

Specifically, the VFW has great concerns with VA's decision to realign specific-purpose funds allocated for homeless programs as a means to provide VA health care facility directors with more individual control over their location's general funding needs. In theory, this could be a successful idea. But this theory will undoubtingly be a failure without the transparency and desire to work with Veteran Service Organizations (VSOs) and Congress, and that cost should most certainly not come at the expense of homeless veterans.

After receiving negative feedback from VSOs, and a letter from the Senate Appropriations Subcommittee on Military Construction, Veterans Affairs and Related Agencies, VA chose to put a temporary halt on this initiative. We ask that this committee join us in closely monitoring VA's attempts to handicap its successful homeless veterans programs.

Taking away the guaranteed specific-purpose funding for homeless veteran programs, such as the massive cut initially suggested by VA to HUD–VASH, would result in a guaranteed failure of the program. The specific funding for HUD–VASH is crucial to the ability of case managers within VA to properly perform their jobs and assist homeless veterans in all the ways they are intended to help. These case managers are like life coaches for homeless veterans getting their feet back on the ground. This program's case management is the embodiment of the holistic approach and answer to successfully overcoming homelessness.

Since VA has reconsidered and postponed the timeline to readjust this funding, the VFW has eagerly awaited the opportunity to have a transparent and open conversation with VA about the intent and how to responsibly move forward. Yet just because the decision was put on hold for now does not mean there were no repercussions. The VFW's Department of California's Homeless Service Providers have found that VA's attempts to reallocate HUD–VASH funding has negatively impacted the program.

The two primary concerns they have found thus far include employment rates of HUD–VASH case managers as well as individual state-funded programs for homeless veterans. In communities across California, such as Kerr County, VA has not been able to hire enough HUD–VASH case managers even with current funding. This results in case managers taking on an average of 50 homeless veterans instead of VA's suggestion of 25 homeless veterans per case manager. While managing twice as many veterans as suggested, and with the travel requirements of case management, locations such as these are not able to utilize all the vouchers they receive. With a massive cut in funding, there is a major fear that employment rates for case managers will only get worse. It has also been rumored that voucher distribution will be halted in some communities, out of fear that they will run out.

Also, various states who have implemented their own programs to assist in combating veteran homelessness that rely on HUD–VASH funding. For example, Cali-

fornia's Proposition 41, Veterans Housing and Homeless Prevention Bond, is heavily dependent on VA's Supportive Housing as a subsidy for the bonds used to provide for homeless veterans and their families. This serves as an example of how cutting HUD–VASH funding could have even more worrisome unintended consequences that cut deeper than originally thought.

VETERANS VILLAGE OF SAN DIEGO (VVSD)

Congressional Testimony Written Statement

From: Kimberly M. Mitchell, President and CEO Veterans Village of San Diego

Veterans Village of San Diego (VVSD) is a nationally recognized non-profit that has served veterans since 1981. We are the primary San Diego non-profit in providing housing and services for homeless veterans and supportive services to veterans and their families. For over 3 decades, VVSD has focused on housing and serving veterans in need, especially veterans who struggle with homelessness, addiction, mental health issues, war trauma, and long-term unemployment.

VVSD operates over 500 beds for homeless veterans and their families throughout San Diego County. In addition, we currently operate hundreds of emergency and transitional beds for homeless veterans. Later this year, we will open a brand new permanent supportive housing apartment complex with 54 units of 1, 2, and 3 bedroom apartments where low income, homeless veterans and their families will have a place to live with access to the comprehensive programs and resources they need.

In our residential treatment programs, VVSD assists veterans who have substance use and mental health issues, which includes men and women of all generations from Vietnam through the current conflicts. Working with alcohol and drug case managers and mental health professionals, our clients have the opportunity to rebuild their lives, repair relationships and return to the community as productive citizens.

HOW VVSD VIEWS OUR PARTNERSHIPS WITH THE VA, HUD & DOL

With excellent financial and moral support from DOL, VA, and HUD, VVSD programs have turned around and even saved the lives of thousands of homeless veterans. In 2017 VVSD's Veteran Employment Programs funded by DOL/HVRP, the California Employment Development Department, Walmart, and USAA placed over 300 homeless veterans into a variety of full-time meaningful employment positions with an average starting wage exceeding $14 per hour. Another example of VVSD's success is that our VA Rapid Re-housing program. Known as the VA Supportive Services to Veterans Families (SSVF) Program, Rapid Rehousing has placed and served over 1544 veterans (250 households with children) since 2013, and has prevented homelessness to over 135 households with children. Our SSVF Program not only placed these veterans into permanent supportive housing but also assisted them secure income from a job or benefits programs. We continue to work with many of these veterans on the issues most important to them ranging from family budgeting, to trauma assistance, to securing a job or obtaining Veterans' Benefits. Without these excellent programs, hundreds, perhaps thousands, more homeless veterans would live on the streets of San Diego, in their vehicles, under bridges, or in canyons.

As valuable as these federal programs are to San Diego's homeless veterans and to VVSD, San Diego continues to have major homeless challenges. Even though San Diego County is the 17th largest region in the U.S., we have the third highest number of homeless veterans; over 2,000 in the course of a year. Veterans are not the only people who are homeless in San Diego, but last January, the annual count discovered over 9000 homeless people in San Diego County, of which over 5,600 are unsheltered homeless. Some of the reasons why our region has a high population of homeless people and homeless veterans include the following:

1) San Diego has an enormous shortage of affordable housing. As a result, many landlords are reluctant to accept veterans and other low income people subsidized by SSVF, HUD–VASH, Section 8 and similar programs. Our public housing has a waiting list of many years. Locally, the City of San Diego pays double security deposits to landlords to accept rapid re-housing veterans. We believe this is a great idea that could be followed by the federal government.

2) Many federal housing programs minimize the scourge of drug use and how much it directly contributes to homelessness and deaths in San Diego and across the country. San Diego continues to be the methamphetamine capital of America. In 2016, 377 San Diego deaths were linked to Methamphetamine, 66 more than the

prior year. Last year 47% of all meth seizures on the U.S. border were in San Diego County according to the DEA and U.S. Customs and Border Protection. 56% of adults booked into county jails tested positive for the drug last year compared to 49% in 2015.

VVSD recognizes that there are many homeless veterans who do not have substance use or mental health problems. The "Housing First" model, which has assisted in placing many of our clients into much needed permanent supportive housing, may overlook the direct connection between homelessness, drug use, war trauma or mental health issues. VVSD believes that the "Housing First" model is a great solution for some, but not the only solution for all of our homeless veterans. VVSD's experience and third party data indicate to us that over 50% of all homeless veterans struggle with substance use. Similarly, a comprehensive Army study of nearly 500,000 soldiers and veterans from the Iraq and Afghanistan Wars concluded that repeated deployments and the effects of combat were the top reasons why 47% of these combat veterans suffered from Post-Traumatic Stress (PTS). At VVSD's residential treatment center for homeless veterans, our Mental Health Clinicians work with over 2/3 of these homeless veterans who struggle with both substance use disorder and PTS or other traumatic conditions. These challenges have multiple causes but are often based on a combination of living on the street, prior physical, sexual or emotional abuse in the family or the military, and the effects of military combat. In our view, it's critically important for government programs to be allowed and continue to fund these underlying causes of veteran homelessness.

VVSD believes the HUD–VASH Program is a valuable service for many homeless veterans. However, the VA Case Management ratio is often too high with 35–40 veterans for each VA Social Worker. Since these veterans usually live in different areas of a sprawling San Diego region, we think a better and more effective case management ratio for VASH would be 1:20.

Finally, San Diego needs more homeless prevention services. If the VA, DOL, and HUD were to fund outpatient veteran service clinics that prevent homelessness, it would be a wonderful use of government funds and would be far less costly than treating veterans after they become homeless or end up in prison. These veteran service centers ideally would have a variety of services including mental health and substance use treatment, providing individual, group and family therapy, and recovery support groups, similar to the Alcoholics Anonymous 12-step model. These centers would also provide job search assistance and a social support system where veterans have the opportunity to socialize and support each other as they face the challenges of reintegrating into the civilian world, post-military. Veterans have a special connection to other veterans and once discharged from the service, they strive to reestablish that connection, and these veteran service centers would be a great resource for them.

Respectfully,

Kimberly M. Mitchell
President & CEO

VETS ADVOCACY

January 18, 2018

Chairman Phil Roe, M.D.
House Committee on Veterans Affairs
335 Cannon House Office Building
Washington, D.C. 20515

Ranking Member Tim Walz
House Committee on Veterans' Affairs
333 Cannon House Office Building
Washington, D.C. 20515

Re: HVAC "Addressing Veteran Homelessness: Current Position; Future Course" Statement for the Record

Dear Chairman Roe and Ranking Member Walz,

We write to thank you for your leadership in addressing the veteran homelessness crisis in Los Angeles. Vets Advocacy is a nonprofit formed out of the landmark settlement of the class action brought on behalf of homeless and disabled veterans, Valentini v. Shinseki, to partner with the U.S. Department of Veterans Affairs (VA)

to end veteran homelessness. We represent the interests of our former clients in that lawsuit, homeless and disabled veterans in Los Angeles. The settlement agreement that created us not only settled the litigation, but also created a long-term partnership between us, as representatives of the Valentini plaintiff class, and the VA. The single biggest project at the heart of our partnership with the VA is the revitalization and reactivation of the 388-acre West LA VA campus. Together with the VA, we helped deliver a Draft Master Plan that called for the development of 1,200 supportive housing units for homeless veterans, including all the essential life-enhancing services to support the future residents on the campus. In January 2016, the Secretary of the VA took a historic step by adopting the Draft Master Plan as official policy for the campus. Following VA's adoption of the Draft Master Plan, Congress proudly fulfilled its obligation, without any opposition, to LA's homeless veterans by enacting the West Los Angeles Leasing Act of 2016. That law authorized the implementation of the Draft Master Plan and expressly gave the Secretary broad authority to develop homeless veteran housing on the 388-acre West LA VA campus.

The veteran homelessness crisis in Los Angeles has substantially deteriorated. According to the most recent homeless count, there were over 40,000 veterans experiencing homelessness nationwide in 2017, a 1.5% increase from 2016. Los Angeles County accounted for much of the increase, with the number of veterans experiencing homelessness rising 57% from 3,071 in 2016 to 4,828 in 2017. This was even sharper than the overall increase in homelessness in the county, which saw a 23% rise to a new high of 57,794 in 2017. Veterans experiencing homelessness in Los Angeles County were also especially vulnerable as the majority were unsheltered; in 2017, 73% of veterans were unsheltered, up from 53% of veterans being unsheltered the prior year. If veterans experiencing homelessness in Los Angeles and Seattle were excluded from national figures, veteran homelessness would have declined by 5% in 2017; as such, addressing veteran homelessness in these regions should continue to be a priority.

The role of the West LA VA campus in halting veteran homelessness in Los Angeles will be hugely significant. The Draft Master Plan's 1,200 supportive housing units will add significant and critical supply to LA's housing market for homeless veterans, which has been plagued by unprecedented scarcity.

A key element of the Draft Master Plan is the provision of supportive services to ensure homeless veterans stay housed and receive the support they need to live independently and with purpose and to have meaningful social connections to community. Much of that funding will come from the special purpose funding for the HUD–VASH program, which a memorandum dated September 22,2017 put at dire risk. Currently, given the disproportionate number of homeless veterans in Los Angeles, the VA Greater Los Angeles Healthcare System receives a substantial amount of specially-allocated HUD–VASH funding.

Last year, the amount of that funding going to Los Angeles was roughly $90 million. It funded the Welcome Center on the West LA VA campus, as well as supportive services, including outreach workers, peer-to-peer support, and case management, for up to 6,000 homeless veterans living in community-based supportive housing. Abandoning the agency's long-standing policy of special funding for homeless veterans, all these services that are essential to helping those who fought for this country, including the roughly 60 emergency beds in the Welcome Center, are in serious jeopardy. Given the undisputed need for those services in Los Angeles, we unequivocally oppose the directive set forth in that memorandum.

While it is our understanding that the VA has subsequently modified the position articulated in the September 22 memorandum, we remain extremely concerned about the underlying administrative approach embodied in that document. Any compromise or diminution in the itemization of funds for these critical support services deprives veterans of the wide of services they need and deserve. It would be our hope that should the VA return to policies as outlined in that memorandum, that Congress would take appropriate and immediate action to repeal such efforts.

We are grateful for your leadership and hope you can continue to ensure our homeless veterans have the resources and policies they need to have affordable, decent, and safe housing. In addition, I am happy to make myself available to you or committee staff for any questions or clarification regarding Vets Advocacy's statement for the record.

Sincerely,

Jesse Creed
Executive Director
Vets Advocacy
10250 Constellation Blvd, Suite 100

Los Angeles, CA 90067
424–348–0086

Questions For The Record

Question from Representative Beto O'Rourke:

During the hearing, HUD stated that it had started a pilot program that allows a certain number of veterans with other than honorable discharges to access the HUD–VASH program. Please provide a detailed description of this pilot program, including the number of veterans currently participating in the pilot program, the number of total veterans expected to participate over the course of the pilot program, the start and end dates of the pilot program, the cost of the pilot program, and the metrics that will be used to measure the results of this pilot program.

HUD Response:

One of the requirements to date for admission to the HUD–Veterans Affairs Supportive Housing (HUD–VASH) program has been that participants must be eligible to receive Department of Veterans Affairs (VA) health care benefits. VA's determination of eligibility is dependent on the participant's discharge status and length of service. Nationally, HUD and VA estimate that 15 percent of veterans experiencing homelessness are ineligible for VA health care services; many of these veterans are chronically homeless individuals and families with a history of recurring bouts of homelessness. Additionally, many communities are reporting that while they are able to serve most eligible veterans who require permanent supportive housing, there's a large need for resources to serve the veterans who are not eligible for VA health care.

To address this need, HUD, VA, and the United States Interagency Council on Homelessness (USICH) have implemented flexibilities under the existing HUD–VASH program to allow Public Housing Authorities (PHA) to partner with VA-designated supportive service providers to administer the HUD–VASH program. These non-VA service providers will be able to serve the veterans, except those with dishonorable discharge status on their DD–214, that were determined ineligible for VA health care benefits.

For a PHA to adopt this flexibility, the local VA facility must first demonstrate they have sufficient HUD–VASH resources to meet the needs of the existing VA-eligible chronically homeless veteran population. If the resources are sufficient, VA may consent to the partnering PHA's designation of up to 15 percent of its HUD–VASH vouchers for use by other homeless veterans, with services provided by the VA-designated supportive service providers. Service providers must enter into a formal agreement with the PHA that ensures the program will be administered in accordance with all applicable HUD–VASH requirements, including prioritizing participants, participant referrals, case management and services. An interagency review committee must approve the supportive service provider agreement, and VA will issue a formal approval letter.

Many supportive service providers who receive funds through HUD's Continuum of Care (CoC) program currently provide case management services to this underserved veteran population. Designated service providers do not receive any additional funding for their participation in the HUD–VASH program. There is no change to the way PHAs administer the HUD–VASH program. There is no additional cost to the PHAs or to HUD. PHAs would continue issuing HUD–VASH vouchers upon referral.

At present, only New York City, New York and Northampton, Massachusetts have been approved to use this flexibility.

In New York City, the two local VA facilities, the Bronx VA Medical Center and the VA New York Harbor Health Care System, and the local public housing authority, New York City Housing Authority (NYCHA), jointly agreed to allocate up to 5 percent of their total HUD–VASH voucher allocation, or 147 vouchers, to serve this expanded veteran population. NYCHA will administer the expanded HUD–VASH vouchers in partnership with the designated service provider, the New York State Division of Veterans Services.

In Northampton, the VA Central Western Massachusetts Healthcare System and Northampton Housing Authority agreed to allocate up to 25 HUD–VASH vouchers to serve this population. The designated supportive service provider is Soldier On, a private nonprofit organization.

In both cases, these numbers were determined after careful review of CoC homelessness data. HUD does not have leasing data on these vouchers at this time.

The interagency group has limited the initial number of approved communities to a maximum of nine. There is no set time frame or set number of communities that will be considered for future expansion. Expansion will be done deliberately to ensure newly selected agencies can learn from the experiences of the previously approved communities.

The metrics used to measure success of the participating PHAs will be the same as the traditional HUD–VASH vouchers. PHAs will be held accountable for maintaining high levels of voucher utilization and issuance of available vouchers in a timely manner.

HUD and its partners at VA and USICH will have more information to report after communities that have been approved begin implementing this flexibility.

MIAMI VA HEALTHCARE SYSTEM LETTER

In Reply Refer To: 546/00/122

Teresa Patterson
Broward County Housing Authority
4780 North State Road 7
Lauderdale Lakes, FL 33319

Dear Ms. Patterson:

Thank you for your interest in providing Homeless Services to Homeless Veterans. The Miami VA Healthcare System is committed to providing HUD VASH services to eligible Veterans. Tremendous progress has been made in reducing Veteran Homelessness in Broward and Miami-Dade counties.

Historically, requests for additional HUD VASH vouchers have been supported with additional resources to provide case management to the high-risk chronic homeless individuals. However, due to a shift in the allocation of resources for HUD VASH VA Central Office, this is no longer the case. This has resulted in a reorganization and consolidation of the program. As a result, the Miami VA Healthcare System is unable to support the request for additional HUD VASH Vouchers at this time, but the request can be revisited in 6–9 months. We continue to be committed to providing the highest quality services to those Veterans who are currently receiving HUD VASH services at this time.

If you have any further questions, you may contact Beth Wolfsohn, Homeless Program manager at (305) 575–7000 extension 2511.

Sincerely,

Paul M. Russo, MHSA, FACHE, RD
Medical Center Director

FROM CONGRESSWOMAN ANN KUSTER TO DEPARTMENT OF VETERANS AFFAIRS

Congresswoman Ann Kuster:

1.New Hampshire-based housing organizations have experienced a shortage of caseworkers to work VA's supportive housing initiatives under the HUD–VASH program. These hiring challenges across the nation have presented significant impediments to achieving "functional zero".

a.Please describe in detail what VA has done and is currently doing to address these hiring challenges, in New Hampshire and also nationwide.

Department of Veterans Affairs (VA) Response: VA currently provides specific purpose funding to support positions providing care and services related to the Department of Housing and Urban Development-VA Supportive Housing (HUD–VASH). There are approximately 3,700 positions funded nationally to support HUD–VASH, with almost 3,300 (88.6 percent) of them filled at the end of December 2017. Positions are expected to be filled within 90 days of receipt of funding. In the event of vacant positions, it is expected that staff will be detailed into HUD–VASH positions as needed to ensure that there is continuity of care and that access to HUD–VASH services is not reduced.

New Hampshire is primarily served by two VA medical centers (VAMC), Manchester, New Hampshire and White River Junction, Vermont. The Manchester VAMC has 13 HUD–VASH positions, all of which are currently filled. The White River Junction VAMC has 11 HUD–VASH positions, 10 of which are currently filled. The use of HUD–VASH vouchers across the New Hampshire public housing authorities (PHA) remains high with 92.17 percent of all New Hampshire vouchers leased up.

PHA	Vouchers Issued	Veterans Leased	Veterans with a Voucher and Looking for Housing	Veterans Awaiting a Voucher from the PHA	Vouchers Available	Percent Housed
NH001	138	133	4	2	-1	96.37%
NH901	143	126	7	4	6	88.11%
Total	281	259	11	6	5	92.17%

b.Please describe in detail what VA has done and is currently doing to ensure that veteran services are not impacted by these caseworker shortages while the hiring challenges remain.

VA Response: The Homeless Program Office has a goal of 90 percent of all funded positions being filled, including HUD–VASH. Currently the HUD–VASH office reviews positions that have been vacant for more than 90 days, and where warranted will intervene with the Veterans Integrated Service Network (VISN) and VAMC leadership; VISN Homeless Coordinators; and VAMC staff to ensure that HUD–VASH positions are filled and care is not compromised. VAMCs are required to continually reassess the need for staff and different disciplines to ensure an optimal mix of staff for the HUD–VASH Veterans on their caseloads.

2.Please state whether VA has considered a systemic and robust process to hire non-VA caseworkers to manage the HUD–VASH program.

a.If the answer is no, please explain why not.

b.If the answer is yes, please describe in detail the training that these non-VA caseworkers receive, including training about utilizing VA resources and any military cultural competency training.

VA Response: Yes, the HUD–VASH program has considered and adopted processes that promote contracting for non-VA caseworkers. The decision to contract is done on a local level, either by the VISN or the VAMC. While using contracted positions can enhance services, the Federal procurement process can often prove lengthy, with the potential for additional cost per voucher. Federal procurement laws and regulations ensure fairness, equal opportunity, capacity, and appropriate fiscal stewardship. However, valuable time is consumed in the contract procurement package preparation and the solicitation, evaluation, and award process. Upon the award of a HUD–VASH services contract, the vendor must hire the appropriate staff. Each new hire in a contracted HUD–VASH position must be vetted for clearance and oriented to their respective HUD–VASH program and facility. VAMCs are encouraged to contract for HUD–VASH case management services when doing so is operationally, clinically, and financially beneficial and feasible.

Beginning on June 1, 2011, and in response to the fiscal year (FY) 2011 HUD–VASH voucher allocation, VA issued a memorandum instructing each VISN to immediately hire staff or begin the process to contract for HUD–VASH case management services. To assist in the contracting process, VA attached sample contracting documents to the memorandum, including: a blanket Statement of Work (SOW), a Quality Assurance Surveillance Plan, and a Source Selection Evaluation Plan. The HUD–VASH Program Office updated the SOW and produced a templated Independent Government Cost Estimate in 2017.

3.Please state whether the September 2017 memorandum signed by then-Acting Under Secretary of Health Dr. Alaigh is the only VA communication that proposed funding changes to Special Purpose funds and HUD–VASH funding.

a.If the answer is no, please provide the Committee with copies of any other communications from the past 12 months that related to changes in HUD–VASH funding.

VA Response: No, the September 2017, memorandum signed by then-Acting Under Secretary of Health, Dr. Alaigh, is not the only VA communication that pro-

posed funding changes to Specific Purpose funds and HUD–VASH funding. There were memoranda issued on January 8, and February 6, 2018, by the Deputy Under Secretary of Health Operations Management, to clarify that funding was not being repurposed. Both memoranda are attached for your review: (1) FY18 10N Budget Guidelines - January 8, 2018 and (2) Memo on HUD–VASH Specific Purpose Funding - February 6, 2018.

4.U.S. Vet's testimony at the hearing included a letter (enclosed), dated November 6, 2017, from the Miami VA Healthcare System. This letter stated that due to a shift in the allocation of resources for HUD–VASH VA Central Office, the Miami VA Healthcare System needed to limit the number of veterans it can serve via HUD–VASH. Please state whether there were similar letters sent by other VA Healthcare Systems after September 1, 2017.

a. If so, please provide the Committee with copies of these letters.

b.Please describe actions that VA took, after it made the decision to not make changes to HUD–VASH funding to ensure letters like the one from the Miami VA Healthcare System were corrected, including any actions that VA took to ensure that veterans did not lose housing due to any confusion regarding funding.

VA Response: To VA's knowledge, the Miami VA Healthcare System was the only facility that limited the number of Veterans that could be served with new HUD–VASH vouchers related specifically to funding. All VAMCs had to write letters of support for PHAs to submit a Registration of Interest to HUD for the allocation of vouchers that are currently being prepared for issuance. All VAMCs were provided the opportunity to indicate a desired number of new HUD–VASH vouchers in the letter of support that would be preferred; however, that number was not binding.

VA spoke with HUD after the decision was made to not have HUD–VASH funding removed from specific purpose funding to see if the Miami VAMC would be able to revise their letter of support. This occurred after the December 1, 2017, deadline for PHAs to register for HUD–VASH vouchers with HUD. As a result, HUD was unable to make an exception as they had already extended the deadline by one month to allow for clarification around HUD–VASH funding in VA.

LETTER FROM TIM WALZ, RANKING MEMBER TO BEN CARSON, SECRETARY, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

January 31, 2018

The Honorable Ben Carson
Secretary
U.S. Department of Housing and Urban Development
451 7th Street S.W.
Washington, DC 20410

Dear Mr. Secretary:

In reference to the Committee on Veterans' Affairs Subcommittee on Health and Subcommittee on Economic Opportunity's hearing titled, "Addressing Veteran Homelessness: Current Position; Future Course" on January 18, 2018, I submit the enclosed questions for the record. I request that you provide your responses to the questions by the close of business on February 28, 2018.

In preparing your responses to these questions, please list your responses consecutively and include the full text of the question you are responding to in bold font. To facilitate the printing of the hearing record, please e-mail your response as a Microsoft Word document to Chris Bennett at Cluistopher.Be1mett@mail.house .gov by the close of business on February 28, 2018. If you have any questions please contact him by email or phone at 202–225–9756.

Sincerely,

Tim Walz
Ranking Member
House Veterans' Affairs Committee

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

SUBCOMMITTEE ON HEALTH

SUBCOMMITTEE ON ECONOMIC OPPORTUNITY HEARING

"ADDRESSING VETERAN HOMELESSNESS: CURRENT POSITION; FUTURE COURSE"

QUESTIONS

U.S. Department of Housing and Urban Development

From Representative Beto O'Rourke:

1. During the hearing, HUD stated that it had started a pilot program that allows a certain number of veterans with other than honorable discharges to access the HUD–VASH program. Please provide a detailed description of this pilot program, including the number of veterans currently participating in the pilot program, the number of total veterans expected to participate over the course of the pilot program, the start and end dates of the pilot program, the cost of the pilot program, and the metrics that will be used to measure the results of this pilot program.

LETTER FROM TIM WALZ, RANKING MEMBER TO HONORABLE DAVID J. SHULKIN, M.D., U.S. DEPARTMENT OF VETERANS AFFAIRS

January 31, 2018

The Honorable David J. Shulkin M.D.
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

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Sincerely,

Tim Walz
Ranking Member
House Veterans' Affairs Committee

Enclosures:
Letter from U.S. Vets's Hearing Testimony

QUESTIONS

U.S. Department of Veterans Affairs

From Representative Ann Kuster:

1. New Hampshire-based housing organizations have experienced a shortage of caseworkers to work VA's supportive housing initiatives under the HUD–VASH program. These hiring challenges across the nation have presented significant impediments to achieving "functional zero".

a. Please describe in detail what VA has done and is currently doing to address these hiring challenges, in New Hampshire and also nationwide.

b.Please describe in detail what VA has done and is currently doing to ensure that veteran services are not impacted by these caseworker shortages while the hiring challenges remain.

2.Please state whether VA has considered a systematic and robust process to hire non- VA caseworkers to manage the HUD–VASH program .

a.Ifthe answer is no, please explain why not.

b.Ifthe answer is yes, please describe in detail the training that these non-VA caseworkers receive, including training about utilizing VA resources and any military cultural competency training.

3.Please state whether the September 2017 memorandum signed by then-Acting Under Secretary of Health Dr. Alaigh is the only VA communication that proposed funding changes to Special Purpose funds and HUD–VASH funding.

a.Ifthe answer is no, please provide the Committee with copies of any other communications from the past 12 months that relate to changes in HUD–VASH funding.

4.U.S. Vets's testimony at the hearing included a letter (enclosed), dated November 6, 2017, from the Miami VA Healthcare System. This letter stated that due to a shift in the allocation of resources for HUD–VASH VA Central Office, the Miami VA Healthcare System needed to limit the number of veterans it can serve via HUD- YASH. Please state whether there were similar letters sent by other VA Healthcare Systems after September 1, 2017.

a.Ifso, please provide the Committee with copies of these letters.

b.Please describe the actions that VA took, after it made the decision to not make changes to HUD–VASH funding, to ensure that letters like the one from the Miami VA Healthcare System were corrected, including any actions that VA took to ensure that veterans did not lose housing due to any confusion regarding funding.

LETTER FROM MARK TAKANO TO NCHV Q&A

Mr. TAKANO. Last year—okay, well, the VA proposed moving money from specific funds to a general purpose fund, and how would that have impacted the services you provide the veterans and the numbers of veterans you serve?

NCHV Response:

In the 60 communities, including three states, which have effectively ended veteran homelessness, HUD–VASH vouchers are well-known as game changing resources that increase the availability of stable and affordable housing for chronically homeless veterans who desperately needed it.

Switching the way these funds are allocated could have resulted in decreases in funding available for case management at some VAMCs, meaning fewer case managers available or VAMC Directors moving funds from other critical VA programs to serve homeless veterans. Case managers work with veterans on an ongoing basis to prevent crises from developing where possible. To lower staffing levels would raise client-to-case manager ratios, which in many cases will in turn mean that preventative care will suffer. In real terms, this means veterans would only see case managers when they were in crisis. For many, that would be far too late.

These case managers are already stretched thin - sometimes caring for more veterans than clinically indicated. To remove these positions would be catastrophic to the health, well-being, and housing stability of the more than 87,000 veterans and their families residing in HUD–VASH funded housing. Of course, the health, well-being, and safety of the veterans is the primary concern - but, the veteran homelessness response system is complex and contains many moving parts, all built around a properly functioning HUD–VASH program. Decreasing the effectiveness of this program sends shockwaves through all of it.

For instance, this shift provoked a great deal of uncertainty across the country. Because of this uncertainty, as HUD and VA were implementing new procedures for public housing authorities (PHAs) and VAMCs to request additional new vouchers, several PHAs were unable to request the number they felt was needed because their local VAMC would not commit to case managing them. Many of these instances will be very familiar to some members of the committee and others in Congress. If additional vouchers are allocated in the upcoming fiscal year, the process

may benefit from modifications to account for interest from PHAs where local VAMCs may not be as supportive as they could be.

Furthermore, many developers of affordable housing rely on vouchers, particularly project-based vouchers, as proof of operating funds in order to obtain funding to develop housing at sufficient levels of affordability. Uncertainty has a very real impact on the ability of developers t o convince financial institutions to lend them the required capital to build these structures. As we erode confidence in the HUD–VASH system (to include delays in funding as well as the basic inter-departmental relationship on which the program is built) we chip away at our ability to create the needed infrastructure to house veterans. This effect will be felt for years.

Finally, there would be an impact on the programs that operate the buildings in which veterans who hold project-based vouchers live. With less case management - perhaps with the crisis-only case management I discussed earlier - comes less stability. These veterans were clinically indicated to receive HUD–VASH vouchers because they need the highest level of care. Without it, they are at greater risk of relapse, dangerous drug use, suicide, isolation, behavioral issues, and ultimately homelessness. For those programs that work every day to operate a building to house formerly homeless veterans, these outcomes would be disastrous.

NCHV asks for the Committee's commitment to continued oversight of this issue to ensure veterans using a HUD–VASH voucher are able to access case management.